STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00457

1974								REG. N	10.		
		EASED NAME	CARRO		E.	PALI	AST MFR	2a. DATE OF DEATH	1 10	79	26. HOUR 10:4
3.	SEX	Male		RACE White		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 I
25 70.	COL	THPLACE (STATE OR FO JNTRY) aryland	PREIGN 76	CITIZEN OF	WHAT COUNTR	V2 8	NEVER MARRIED	BALTIMORE CITY OF	OR COUNT		
54 10.	CIT	OWSON	лн 1			SING HOME C	RLES ST.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Road Fores	DE WORKING II	IFE) INDUSTRY	ructic
13 JS	SUAI Ba. ST	RESIDENCE (IF NURSI ATE Md.	ng home or o 13b COUNT Balt	Υ	13c. CITY OR TO Bori	I NWC	13d. INSIDE CITY LIMITS? YES MO	14723 Old	Hanov	ver Road	1
14.	FAT	HER'S NAME FIRST Hiram	MI	DDLE	Palmer	r	Viola	WIDDLE		eckson i	51
1 160		AS DECEASED EVER I S, NO OR UNKNOWN) NO	IN U.S. ARMI (IF YES, GIVE W		213-18-		17. INFORMANT Mrs. Carroll	. E. Palmer		ing, Md.	
other froumptic		Canditions, if ony, gave rise to imm couse (a), stating underlying cause	nediate g the) (b)_	DR AS A CONSEG		AMPENSAT I ON				
y, or other		gave rise to imm couse (a), stating underlying cause	nediote g the last	DUE TO, O	OR AS A CONSEG	QUENCE OF	AMPENSATION NOT RELATED TO THE TERM N WAS PERFORMED		20b. IF YE	S, WERE FINDI	NGS USED
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to 4 % 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DUE TO, OR AS A	CONSEQUEN	ACE OF					
PART 2. OTHER SIGNIFICANT CON		DE TA	TTOL	RELATED TO THE	TERMINAL DIS	EASE OR COND	ITION GIVEN IN F	ART 1(a)
THE CONTRACTOR OF CONTRACTOR O	196 CONDITION F	FOR WHICH O	PERATION WA	AS PERFORMED	20a. A	NO	20b. IF YES, WERE IN CERTIFYING O	E FINDINGS US CAUSES OF DE NO
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	HOUR A.M. M		Y YEAR	t. HOW INJURY OC	CURRED (ENTI	ER NATURE OF INJURY	IN ITEM 18, PART 1 OR	PART 2)
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224 PHYSICIAN'S NAME TYPE OF PER	30		22e	PHYSICIAL ADDRESS		OR PHYSICI	ANIA	1/0/
TO FUN Standard MAPORT		ELTRA	P		EWOC	D C	ENTE	R
BP	1-11-79	23c. NA	ame of CEMET	TERY OR CREMATO	ORY 23d. L	OCATION TY OR TOWN	LEOUNTY	and

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

T. DECEASED NAME (TYPE OR PRINT) 3. SEX FEMALE 4. RACE WHITE 5. DATE OF BIRTH MSEPT. D26 1903 7. BIRTHPLACE (ISTATE OR FOREIGN COUNTY) 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OR COUNTY OF DEATH 8. MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OR COUNT	AR IF UNDER 74 HRS YS HOURS MIN MD. DOF BUSINESS OR RY LAST Enke d.
FEMALE WHITE MSEPT. 026 1903 75 MONTHS DAY YRS. NOTIFIED 16 DITTENDED TO THE PLACE (STATE OR FOREIGN COUNTY OF DEATH COUNTRY?) WIDOWED M DIVORCED BALTIMORE CITY OR COUNTY OF DEATH DIVORCED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION STROTT INSUITATION OF PRESIDENCE BEFORE ADMISSION) MATYLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MATYLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MATYLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MATYLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? YES NOW 8100 EVERTEED DT 2134 14. FATHER'S NAME FIRST MIDDLE FIRST MIDLE FIRST MIDDLE FIRST MIDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST	AR IFUNDER 74 HRS YS HOURS MIN MD. D. OF BUSINESS OR RY LAST Enke d.
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TOWSON 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SENTING STEPPH HOSPITAL 12. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STATE 13. STATE 13. COUNTY 13. CITY OR TOWN 13. INSIDE CITY LIMITS? 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14. FATHER'S NAME FIRST MODIE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 16. SOCIAL SECURITY NO. 217-22-0874 18. CAUSE OF DEATH (Enter only one couse per line for 10.1/16), and 12. PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE	4 (AST enke
136 COUNTY 136 CITY OR TOWN 136 LINSIDE CITY LIMITS? 136 STREET ADDRESS 130 STREET	enke d•
Joseph J. Hart Pearl Von Kle Was Deceased ever in U.S. Armed Forces? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: RESPIRATORY FIRST Pearl Pearl Von Kle 2700 Garnet Ro 217-22-0874 JohnC. Peach Balto. Md. 212: PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE	d.
no 217-22-0874 JohnC. Peach Balto. Md. 212: 18 CAUSE OF DEATH (Enter only one couse per line for (o., /b), ond (c) PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE	
PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE	34
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1(a)
190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FIN IN CERTIFYING CAUS YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART 1 OR PART:	
OR CONTRIBUTION CONTRACTOR HOUR A.M. MONTH DAY TEAK	2)
OR CONTROL THE R. NOTHY MEDICAL EXAMINER) P.M. 19 Id. INJURY OCCURRED VALUE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) P.M. 19 Id. INJURY OCCURRED AT WORK AT WORK AT WORK TO THE R. NOTH WHILE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE REST OF THE REST	STATE
22a.1 certify that (I) (this haspital) attended the deceased from JANUARY 20 19 /9 to JANUARY 28 19 /9 saw the deceased slive an JANUARY 28 19 /9 and that in (my) (our) opinion death accurred on the date and hour and from above, II) (we) did yield not view the body after death. 22b. SIGNATURE 12c. DA	_, that (I) (we) last the causes stated ATE SIGNED
	AN. 28,79
JOHN CLARK M.D. 7620 YORK ROAD, TOWSON MARYLAN 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	ND 21204

Parkwood Cemtery

Balto Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
FEB 1 1979

Burial
24 FUNERAL DIRECTOR
NAME
MITCHELL HOME ADDRESS 6500 YORK RD WIEDEFELD

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

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1	FOR - STATE	STATE OF MARY DEPARTMENT OF HEALTH AN	D MENTAL HYGIENE	01.60
3. S	REGISTRAR DECEASED NAME FIRST TYPE OR PRINT)	MEDICAL EXAMINER'S CERT	20. DATE KNOWN MOR	700
3. 5	EX HARD White BIRTHPLACE (STATE OR	5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1	1 YR. IF UNDER 24 HRS. 2c. DATE MON AVS HOURS MIN PRONOUNCED DEAD	19 19 19 M M 17H DAY YEAR 2d HOUR 28 19 74) 24 M
5	Maryland	U.S.A. MARRIED L		TC. MD.
1/	OSVILLE MAL	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER IN:	STITUTION 120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) Barber	OR INDUSTRY OWNER OWNER
130.	STATE SULL 134 SOUN		NSIDE (ITY LIMITS? 130 STREET ADDRESS/LO Hie	16 Re 21222
1	FATHER'S NAME John	H. Pembroke	AOTHER'S MAIDEN NAME FRIST Catherine Middle	Trossbach
160.		WAR OR DATES)	Mr. Joseph Dembraka 4786	21206 Elison Ave.
NO			NOITION GIVEN IN PART 1 (a).	BRIWEEN ONSET AND DEATH
TIFICATIO	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PE	RFORMED?	20. AUTOPSY? YES NO
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	HOUR A.M. MONTH DAY YEAR	JURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 C	
MEDI	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, 21f. LOCATIO STREET, FACTORY, FARM, ETC.) STREET	ON CITY OR TOWN	COUNTY STATE
			7527 Beloin Pa Ba	- 27/
23a.	BURIAL CREMATION, REMOVAL 2	1/31/1979 Dulaney Valley	Control of the Contro	alto. Maryland
-	FUNERAL DIRECTOR DA-RWK FUNERA	U Home 1922 WISLAUE.	y Landate REC'd. By REGISTRAR 256. REGISTRAR	'S SIONATURE

		Ite	m #17 Film G52	7 1/11/79			ARYLAND AND MENTAL	HYGIENE		J	
		11-	STATE REGISTRAR	MED			ERTIFICATE	OF DEATH 7) - 0,0 4 E	51	
	S S S F.		CEASED NAME FIRST	BLA	IN E	PEN	IC.E	20 DATE K OF DEATH	ESTI-	3 19 79 2b. HOI	UR
	ARADON STREET,	3. SEX	lale White	S. DATE OF BIRTH MONTH 12/12/24	YEAR 6. AGE (IN LAST BIRT			MIN. PRONOUNG DEAD	CED	DAY YEAR 28. HO	
D	4 5 T. Games	Wes	RTHPLACE (STATE OR REIGN COUNTRY) t Virginia	76. CITIZEN OF WH	AT COUNTRY?	8. MARRI WIDOW	ED NEVER MAR	RIED	imore Cour	IT OF DEATH	MD
	200 m 200	D	ty or town of death rundalk	2992 Yo	PITAL, NURSING HO CILITY, GIVE STREET ADDRES PKWAY ROAD	d 212		FOR MOST OF WORK	ation (type of work no life)	OR INDUSTRY	
21201	SECORE SECORE	13a. S	RESIDENCE (IE IN MURSING NOME OF TATE 131. COUN Balti	ITY	136. CITY OR TOWN Dundalk	(SSION)	13d. INSIDE CITY LIMITS?	Local 3. STREET ADDRES 2992 York	s #37 way Road	21222	1
E, MD.	RM PM 3. AND 2 S OF VITAL		THER'S NAME Joseph Pe		LAST		15. MOTHER'S MAIL	la Shanholt	DUE Z	LAST	
ALTIMOR	WITH FORM	16a V	VAS DECEASED EVER IN U.S. AR ES. NO. OR UNKNOWN) (IF YES, GIVE Yes W W	MED FORCES? WAR OR DATES) 11	232-01-8		HONE GRMANT M	rs. JoAnne Court Road	car teon	21133 town, Md.	
TON ST., BA	TEM 18. CALONG WILLIAM PERMIT. P. CGIENE, DIV.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	for (a), (b), and (c).) Cute gas AS A CONSEQUENCE		tinal he	morrhage		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	TH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	PENCIL IN XAMINER AL-TRANSII MENTAL HY R REMOVA		Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause lost.	(b)	Monic a		Hism				
ORDS, 30	DING" IN EDICAL E S A BURI.	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	UI NOT RELATED TO THE TE	ERMINAL OISEASI	E OR CONDITION GIVEN IN I	PART 1 (a).			
ITAL REC	CHIEF M BE USED A 11 OF HEAL	MEDICAL CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?			20. AUTOPSY?	5
ONOF	STATE WENT THE WILL THE WILL TO BE T	CALCER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	MONTH DAY YE	AR		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA	RT 2)	
DIVIS	WRITING WARDED T AGE 3 SH ATE DEPAI	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE C STREET, EACTO	ORY, FARM, ETC.)		CATION	CITY OR TOW	N со	DUNTY STATE	E
	TIFICATE, BE FORV ECTOR: P ITH THE ST YLAND, 21		220. I certify that I took charged	ge of the remains descral causes		Autop:	, Homicide .	Undetermined mor	ond in my op	pinion	
	EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH T BALTMORE, MARYLAN		ACTUAL J.C.LO	Han O	Gnovai	M	D. DOPULY	MEDICAL EXAMI	DATE SIGNE	ED 1/6/79	
	EXECUTE PAGE 4 TO FUN AFTER D BALTIMO	23a.Bl	EXAMINER'S NAME J. CR (TYPE OR PRINT)		23C NAME OF C		ADDRESS 2112	Dundalk A	ve., Beelto	1/10 . 2122	. 2
	BP	B	urial	1/9/79	Lorrain	ne Par	k Cemeter	Woodlan	on Baltimo	ore Md.	
(DHMH - 17 VR A15 ME (5)) 15M 7/77		INERAL DIRECTOR Lorin NAME 28 Liberty Road	g Byersone Et	uneral Dir stown. Mar	rector	21183JA	N 9 1979	Listan A	SIGNATURE SCORE	
					11001	- wind		The state of the s			-

DHMH - 16 50M 1/76 (VR Å 15 (4))

11.	STATE REGISTRAR	Di		FICATE OF DEATH	GIENE / 9 -	- U U 4 D Z	
	ECEASED NAME FIRST DE OR PRINT!	MIDDLE MIDDLE	PINE	LAST	20 DATE OF DEATH	6, 1979	26 HOUR 12:30 F.
3 SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		
1	MALE	WHITE	JULY	28,1894 YEAR	84	YRS.	S HOURS MIN.
	SIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
7	RUSSIA	USA	WIDOWI		BALTIMORE	COUNTY	,
10. C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12a USUAL OCCUPAT		OF BUSINESS
P	PIKESVILLE	3100 LABYRI		(21208)	MERCHANT	OF WORKING LIFE) INDUSTR	AIL
130.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b COUN MARYLAND BAL	VTY 13c. CITY C		130 INSIDE CITY WATES	13e STREET ADDRESS 3100 LABYR	INTH RD. (21	208)
14 F/	ATHER'S NAME FIRST JOSEPH	PINES	AST	15. MOTHER'S MAIDEN N. PIRST DEVORA	MIDDLE	CHERTÓ	Ř
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIA	AL SECURITY NO.	17 INFORMANT	ADDR		
1	NO		44-2899	MRS. JENNIE	PINES 3100) LABYRINTH	RD. (2
CERTIFICATION	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTION FOR	elitu	>	MINAL DISEASE OR CON	20b. IF YES, WERE FIND	INGS USED
E					YES NOX	YES	NO [
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	22a. I certify that (1) (this haspiness sow the deceased alive on abave, (1) (we) (did) (did to	1-5	19.79., a	nd that in (my) (our) opiniar	ta, ta		
	Stanley RMS	imbool	(ト.カ)	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _ la.	1.7,19
	22d. PHYSICIAN'S NAME (TYPE O	STEINBA	ACH	22e ADDRESS 15 BRANCHW	OOD COURT,	(21208)	
(Burial, cremation, removal Burial Burial	JAN. 7,197		EMETERY OR CREMATORY I TFILOH CEM.	WOOD LAWN	III II. IIII	Cready
	UNERAL DIRECTOR SOL LEVINSON & I	BROS BALTO	REISTERS., MD. 21		TE REC'D. BY REGISTRAR	25b. REGISTRATE SIGN	ATURE

28. DATE OF DEATH MONTH I. DECEASED NAME 2h HOUR (TYPE OR PRINT) Amelia D. Pinzuti January 2, 1979 5:18P 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County 1AL, WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) ANKLIN HSWE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY BALTO 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS REO LINE RD WHITE MARSI NO F 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIOOLE LAST DANDOLIN 60 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212018428 2733 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate IN FARCTION couse 10), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? iol-tronsit peri NOA YES T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from spw the decepsed olive pn_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING Should be deto with the Stote DIRECTOR PHYSICIAN 27d PHYSIC ANS NAME (TYPE OF PRINT) 22e. ADDRESS AW-WIR 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY CITY OR JOWN LORRAINE BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

REGISTRAR

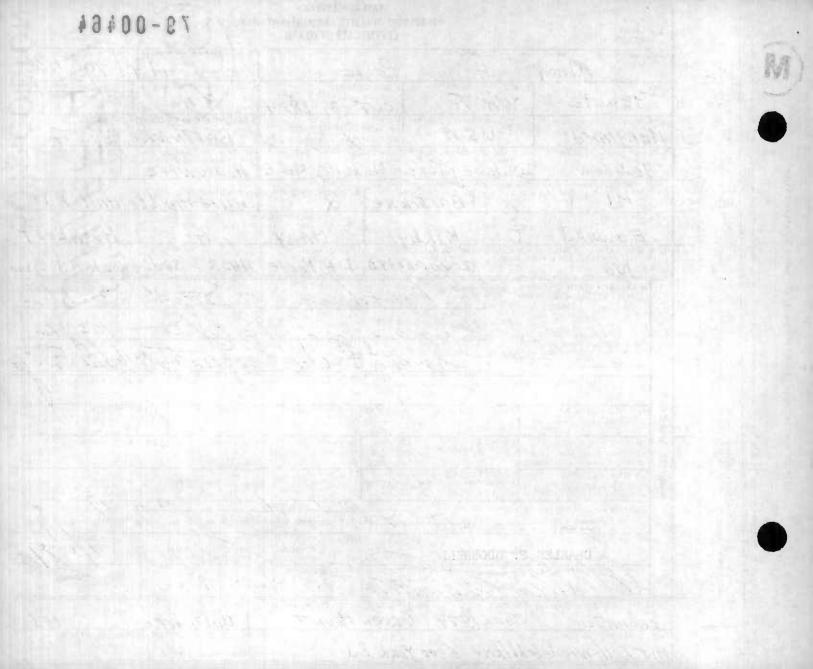
- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

11. Zawwin



Mary Markey Markey Markey

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00466 - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME 2a. DATE OF DEATH 2h HOUR (TYPE OR PRINT) **JOHN** PROCTOR JANUARY 7, 1979 6:30 a L. 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR HOURS Male White Feb. 1903 A BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Michigan BALTIMORE COUNTY WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TOWSON ST. JOSEPH HOSPITAL Beth Steel Shipyard DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1130 COUNTY
1131 CITY OR TOWN 13e. STREET ADDRESS 13c CITY OR TOWN Maryland Baltimore 6014 Old Harford Rd. IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE John D. Proctor Belle Lotrodge ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN) WW II 218-03-9562 Hanorah Aherne 6010 Old Harford APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. Acute respiratory failure IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Severe chronic obstructive pulmonary disease Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Pe IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) d Mentol Hy 18 HOUR A.M. MONTH OR CONTRIBUTING | CAUSE OF DEATH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION ò AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE January January 22a I certify that W (this haspital) attended the deceased from_ saw the deceased alive on January 7
(above, K (we) (did) (add) view the body after death and that in the (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED be detack e Stote De * ATTENDING MEDICAL Jan. 7, 1979 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be 6012 Harford Rd., Baltimore, MD 21214 Nestor Carmona. M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Jan. 10, 1979 Dulaney Valley Cockevsville DHMH - 16 50M 1/76 Leonard J. Ruck. Inc. Baltimore. Md. (VR A 15 (4))

73-00466

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BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00467

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10 0	CITY OR TOWN OF D	EATH 11.	NAME OF HOSPIT		OR OTHER INSTITUTION	12a. USUAL OCCUPAT			KINDO	F BUSINI	ESS OI
1	polto		(IF NOT IN SUCH FACILITY	TY, GIVE STREET ADDRESS	4hnn	(TYPE OF WORK FOR MOST C	F WORKING	LIFE) IND	USTRY	6	-
4	DINIU		EXTROX	111119	INOV.	WELLE		_1/5	Ell	5/6	FF1
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	VOEP		THE S	01651			1-14	10	(10	7/	,
	WAS DECEASED EVE (YES, NO OR UNKNOWN)	I (IF YES, GIVE WA		OCIAL SECURITY NO.	17 INFORMANT	ADDR	:55 72	4/1 E	SELI	MAR.	17
	nia		29	3-03-2212	HE/En) HE	PYDUNSKI			All	4	
	IR CAUSE OF DE	ATM (Enter poly o	ne couse per line to	r (n) (h) and (c)				1	APPROXI	MATE INTER	RVAL
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ATION	gave rise to in cause (a), sta underlying cau	mmediate ting the use last.	DUE TO, OR AS A	Sive cereby Consequence of	NOT RELATED TO THE TERM			IVEN IN P		12	D
FICATION	gave rise to in cause (a), sta underlying cau	mmediate ting the use last.	DUE TO, OR AS A	SIVE CETEDY CONSEQUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YE	ES, WERE	FINDIN	IGS USE	TH?
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	gove rise to income course (a), sto underlying course (b), sto underlying course (b). DATE OF OPER 216. ACCIDENT WAS LOOK CONTRIBUTING [IF EITHER, NOTIFY MEI 21d INJURY OCCUMULE NOTIFY MEI 270. I certify that saw the december (l) (income 27b. SIGNATURE 27b. SIGNATURE	mmediate ting the use last. GNIFICANT CON RATION JUNDERLYING [] CAUSE OF DEATH DICAL EXAMINER] WHILE [] WHILE [] (I) (this hospital) assed alive an (idid) (did nat) vi	DUE TO, OR AS A (c) IDITIONS CONTRIB 19b. CONDITION 6 21b. TIME OF INJU HOUR A.M. M P.M. 21e PLACE OF INJ (AT HOME, STREET, FAC	SIVE CEPEDY CONSEQUENCE OF BUTING TO DEATH BUT FOR WHICH OPERATIO IRY AONTH DAY YEAR 19 URY TORY, OFFICE, FARM, ETC.) osed from // 19 791, or	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21l. LOCATION STREET 1/2/, 19 79 and that in (my) (aur) apinion DEGREE ATTENDING	200 AUTOPSY? YES NOW CITY OR TO death accurred on the d	20b. IF YE IN CERT Y PRINCE 18.	ES, WERE IFYING C (FES	FINDIN AUSES PART 2) NTY TO m the c	NO [TATE we) lo
	gove rise to incouse (a), sto underlying counderlying counderlying counderlying counderlying and a contributing [IF EITHER, NOTIFY MEET AT WORK AT WOR	MINE CONTROL OF THE C	DUE TO, OR AS A (c) IDITIONS CONTRIB 19b. CONDITION B 21b. TIME OF INJU HOUR A.M. N P.M. 21e PLACE OF INJ (AT HOME, STREET, FACC oftended the dece	SIVE CEPEDY CONSEQUENCE OF BUTING TO DEATH BUT FOR WHICH OPERATIO IRY AONTH DAY YEAR 19 URY TORY, OFFICE, FARM, ETC.) osed from // 19 791, or	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 1/2/ , 19 79 nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO death accurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YE IN CERT Y RY IN ITEM 18. The ond ho	ES, WERE IFYING C (FES	FINDIN AUSES PART 2) NTY TO m the c	SIGNED	TATE we) lo
	gove rise to incouse (a), sto underlying counderlying counderlying counderlying counderlying and a contributing [IF EITHER, NOTIFY MEET AT WORK AT WOR	mmediate ting the use last. GNIFICANT CON RATION JUNDERLYING [] CAUSE OF DEATH DICAL EXAMINER] WHILE [] WHILE [] (I) (this hospital) assed alive an (idid) (did nat) vi	DUE TO, OR AS A (c) IDITIONS CONTRIB 19b. CONDITION B 21b. TIME OF INJU HOUR A.M. N P.M. 21e PLACE OF INJ (AT HOME, STREET, FACC oftended the dece	SIVE CEPEDY CONSEQUENCE OF BUTING TO DEATH BUT FOR WHICH OPERATIO IRY AONTH DAY YEAR 19 URY TORY, OFFICE, FARM, ETC.) osed from // 19 791, or	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 1/2/ , 19 79 nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO death accurred on the d	20b. IF YE IN CERT Y RY IN ITEM 18. The ond ho	ES, WERE IFYING C (FES	FINDIN AUSES PART 2) NTY TO m the c	SIGNED	TATE we) lo
WEDICAL 23a	gove rise to incover t	MINEGIO TE CONTROLL OF THE CON	DUE TO, OR AS A (c) IDITIONS CONTRIB 19b. CONDITION B 21b. TIME OF INJU HOUR A.M. N P.M. 21e. PLACE OF INJU (AT HOME, STREET, FAC ottended the dece 1/18 ew the body ofter d NT) D.	SIVE CEPEDY CONSEQUENCE OF BUTING TO DEATH BUT FOR WHICH OPERATIO IRY NONTH DAY YEAR 19 URY TORY, OFFICE, FARM, ETC.) osed from 19 2, 01	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 1/2/ , 19 79 nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO: to 1/18 death accurred an the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YE IN CERT Y RY IN ITEM 18. The ond ho	ES, WERE IFYING C (ES	FINDIN AUSES PART 2) NTY TO m the c	SIGNED	TATE we) lo
WEDICAL 23a	gove rise to income (101), store (101), stor	MINEGIO TE CONTROLL OF THE CON	DUE TO, OR AS A (c) IDITIONS CONTRIB 19b. CONDITION B 21b. TIME OF INJU HOUR A.M. N P.M. 21e. PLACE OF INJU (AT HOME, STREET, FAC ottended the dece 1/18 ew the body ofter d NT) D.	SIVE CEPEDY CONSEQUENCE OF BUTING TO DEATH BUT FOR WHICH OPERATIO IRY NONTH DAY YEAR 19 URY TORY, OFFICE, FARM, ETC.) osed from 19 2, 01	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 1/2/ , 19 79 Ind that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [22e. ADDRESS 9000 Frank]	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO: death accurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YE IN CERT Y RY IN ITEM 18. The ond ho	ES, WERE IFYING C (FES	FINDIN AUSES PART 2) NTY TO m the c	SIGNED	TATE we) lo

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examine must be natified at once.

certificate has been signed by the attending physician and

should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00468

1		REGISTRAR			CERTIF	ICATE OF DEATH	. REG. N	10		
		CEASED NAME FIRST	A	AIDDLE	l	AST		MONTH	DAY YEAR	2h HOUR
	TITLE	CLARA	LOU	ISE	PUG	SLEY	January	17.	1979	M
1	3. SE	Х	4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	2	Female	Whi	te	2/	23/1881 YEAR	97	YRS.	MONTHS DAYS	HOURS MIN
16	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
0/		New York	U.S	.A.	WIDOWE		Baltimor	e Co	untv	MD.
20		ITY OR TOWN OF DEATH Dundalk	(IF NOT IN SUC	OSPITAL, NURSIN HEACILITY, GIVE STREET, 3 Yorkw	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (ION	IFE) INDUSTRY	F BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUP Maryland Ba]	OTHER INSTITUTION.		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 3453 Yor			2
. 7	14. F.A	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	
5		John		nkland		Mary	MIDDEE		Unkno	
1	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR			
1		YES, NO OR UNKNOWN) (IF YES, GIV		217.56.	8256	Dorothy L.	BellSa	me a	s 13e	
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	y one couse per			0 -0 1	./ /		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
			TE CAUSE (o)	14 Wn	0 50	Worles !.	V Vis		5	cho.
		4292	DUE TO, OF	AS A CONSEQUE	NCE OF					
		Conditions, if any, which	(b)							
		couse (a), stating the underlying couse last.	DUE TO, OF	AS A CONSEQUE	NCE OF					
			(c)							
	Z	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>CC</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM!	INAL DISEASE OR CON	DITION GIV	VEN IN PART 10	
0	CERTIFICATION	190 DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
4	TIFIC						YES NO		IFYING CAUSES ES 🗍	OF DEATH?
Ce	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME O		Y YEAR	21¢ HOW INJURY OCCURR	ED JENTER NATURE OF INJU	IRY IN ITEM 18.	PART 1 OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE OF DEA	P./		19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	A DAA ETC \	21f LOCATION	CITY OR TO	WN	COUNTY	STATE
	>	AT WORK NOT WHILE AT WORK	(AT HOME, STA	ELI, PACIONI, OFFICE, PA	nkm, ETC.)		Citr On 10			SIAIE
-5		22a. I certify that (I) (this hospi	(1	deceased from_	1	Vac 27, 19 77	_, to	17	19_79	fhot (I) (we) lost
		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body	otter death.	79 or	d that in (my) (our) opinion d	death accurred on the d	ate and ha	ur and from the	couses stated
		226. SIGNATURE	000	1	0 -	DEGREE			22c. DATE	SIGNED
		2 lephen 10	poc	como	7		MEDICAL STA ▼DIRECTOR PHYSIC	CIAN [1/18	3/1979
1		22d. PHYSICIAN'S NAME (TYPE O			113	22e ADDRESS		11-15		
1		Stephen C. M	lackowi	ak, M.D	•	6714 Holabi	ird Ave.,	Dunc	dalk, N	Md.
	23a B	BURIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	E	Burial	1/19/	19/9 H	ills	ide Cemetery	Peeksk		New !	York
		JNERAL DIRECTOR		ADDRESS		25a: 9476	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE
	Wa	alter Brooks	Bradle	y Inc.	Dunda	alk Md.	100 013	pary	- MILLE	ready

TO FUNERAL DIRECTOR: After this

should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Mygiene prior to burial, cremation, ar removal.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	04	69			
	CEASED NAME E OR PRINT)	Ethel	Anna	RAHNEFEL		AST	January 3				в. нои 3:05	
3 SE	X	1	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I		IF UNDER	24 HRS
I	Female		Whit	e	1	20 ^{AY} 18 ^{EAR}	60	YRS.			HOURS	MIN
7a B	RTHPLACE ISTATE OR COUNTRY) Mary 1		USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O Baltimo					
	ossville	ATH 1	(IF NOT IN SUC	HOSPITAL, NURSIN H FACHLITY, GIVE STREET IN SQUA	ADDRESS)	ospital	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE		FE) INDU	IND OF STRY Mem		
H 130. S	AL RESIDENCE (IF NUF STATE aryland	136 COUNT	imore	13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO 🛣	134. STREET ADDRESS 8750 Mag	nolia	a Av	enu	e	
I4L FA	ATHER'S NAME FIRST Willia		P	LAST Marx		15. MOTHER'S MAIDENNA FIRST Mary	ME		М	osk	i11	L
160 V	WAS DECEASED EVER		NED FORCES?	16b. SOCIAL SECU		17. INFORMANT	ADDRE					
N			-,,,,	217-01-	-1800	Philip A.	Rahnefeld	875		G110		
	Conditions, if on	y, which	DUE TO, O	R AS A CONSEQUE Congest	ive he	eart failure				1		
ATION	gave rise to in couse (o), state underlying cause	nmediate ing the ie last GNIFICANT CO	DUE TO, O (c) ONDITIONS CO	Congest R AS A CONSEQUE Metasta DINTRIBUTING TO 1	ive he ENCE OF TIC CO	arcinoma brea	INAL DISEASE OR CON				SS USEI	
RTIFICATION	gave rise to in couse (a), state underlying cause PART 2. OTHER SIG	mediate ing the ine last GNIFICANT CO	DUE TO, O (c) ONDITIONS CO	Congest R AS A CONSEQUE Metasta DIVIRIBUTING TO I	ive he ENCE OF TIC CO	arcinoma brea	200: AUTOPSY? YES NO 🛣	20b. IF YE IN CERTII	S, WERE F FYING CA ES	INDINC JUSES O		H?
CAL CERTIFICATION	gave rise to in couse (o), state underlying cause	mediate ing the ise last. GNIFICANT CO	DUE TO, O (c) ONDITIONS CO 196 COND 216. TIME C HOUR A. P.	Congest R AS A CONSEQUE Metasta DITRIBUTING TO I TION FOR WHICH FINJURY M. MONTH D, M.	ive he ence of tic co	arcinoma brea	200: AUTOPSY? YES NO 🛣	20b. IF YE IN CERTII	S, WERE F FYING CA ES	INDINC JUSES O	F DEAT	H?
MEDICAL CERTIFICATION	gave rise to in couse (a), stat underlying caus PART 2. OTHER SIG 19a DATE OF OPER. 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF ETHER, NOTIFY MEDI 21d. INJURY OCCUI	mediate ing the ice last. SNIFICANT CO	DUE TO, O (c) ONDITIONS CO 196 COND 216, TIME O HOUR A, P. 21e, PLACE	Congest R AS A CONSEQUE Metasta DITRIBUTING TO I TION FOR WHICH FINJURY M. MONTH D, M.	TVE NO ENCE OF TIC CO DEATH BUT OPERATION AY YEAR 19	arcinoma brea	200: AUTOPSY? YES NO 🛣	20b. IF YE IN CERTII YI RY IN ITEM 18,	S, WERE F FYING CA ES	FINDING AUSES O	NO [TH?
	gave rise to in couse (a), stat underlying caus PART 2. OTHER SIG 19a DATE OF OPER. 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF ETHER, NOTIFY MEDI 21d. INJURY OCCUI	INTEGRATED ATTON ATTO	DUE TO, O (c) DODDITIONS CO 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STI	Congest R AS A CONSEQUE Metasta DITION FOR WHICH IT INJURY M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, F e decepsed from	TVE NO ENCE OF tic Co DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	PERFORMED 216 HOW INJURY OCCUR 216, LOCATION STREET 2 , 19 79 and that in 14 (our) apinion DEGREE	200 AUTOPSY? YES NO CITY OR TOV To Jan death occurred on the de	20b. IF YE IN CERTIL YI RY IN ITEM 18.	S, WERE F FYING CA ES PART + OR PA COUNT 19 70 ur and from	INDINC (USES O	STORAT A (IH?
	gave rise to in couse (a), statunderlying couse (b), statunderlying couse PART 2. OTHER SIG. 19a DATE OF OPER. 21a. ACCIDENT WAS UPOR CONTRIBUTING CONTRIBUTING COUNTRIBUTING COUNTRIB	mediate ing the ing th	DUE TO, O (c) DUE TO, O (c) 19b COND 19b COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STI	Congest R AS A CONSEQUE Metasta DITION FOR WHICH IT INJURY M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, F e decepsed from	TYE NO ENCE OF TIC CO DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	PARCINOMA Brea	200 AUTOPSY? YES NO S RED (ENTER NATURE OF INJUI CITY OR TOV death accurred on the de	20b. IF YE IN CERTII YI RY IN ITEM 18.	S, WERE F FYING CA ES D PART FOR PA COUNT 19 7C	INDINC (USES O ART 2)	STORE	TATE

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	100		esta	o nejo
				Amaliuwati
District Call of the		legol ty		
	era l'action			
parameters are	water water		-112	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF DE	ATH	REG. NO			
		CEASED NAME ALFR	LED WIDDLE	RAW	LEY	JR	20. DATE OF DEATH	3/2 18	779	10 A-M
i	3 SE	MALE	BLACK	S. DATE O	Y PAY	25	6. AGE (IN YEARS LAST BIRTH	YRS.	DAYS	IF UNDER 24 HRS HOURS MIN.
0	M	RTHPLACE (STATE OR FOREIGN OUNTRY) TE AIRY, N. C.	16. CITIZEN OF WHAT COUNT	MARRIED		DRCED	BALTO,	COUNT	-4	MD.
4	B	ALTO, CO.	BACTO CO	GEN?	L HOS		128. USUAL OCCUPATK (TYPE OF WORK FOR MOST OF		KIND OF OUSTRY	BUSINESS OR
6	M	AL RESIDENCE (IF NURSING HOME OR STATE 13) COUNTY PLAND PLANT	TY 13c CITY OR		13d. INSIDE CIT YES 1	NO 2	13. STREET ADDRESS	DYLWO	00	AVE.
30			RAWL RANGE	EY ECURITY NO.		OREN	CE MIDDLE		WL	EY
1	(Y		war or dates) 245-2	6-0612	MART	ENIA	RAWLEY	1217	LDY	WOOD ATE INTERVAL NSET AND DEATH
	2	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSI	QUENCE OF	me ly	eent OTHE TERMIN	Jacks	12		
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WE	ICH OPERATION	N WAS PERFOR	MED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING O		
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (# FITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did Tidid no 22b. SIGNATURE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	19 eice, FARM, ETC.) om () 9 75, an	211. LOCATION STREET d that in (my) (c	N , 19_77	CITY OR TOW coth accurred on the do MEDICAL STAF DIRECTOR PHYSIC	te and haur and fi	77, th	
1		22d PHYSICIAN'S NAME (TYPE OF	PRINT)	Pr	1317-C	timox	e auty	Geni.	Hop	,
	(:	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL UNERAL DIRECTOR	2-3-79	LAKEVI	EW MB	m. PK	23d LOCATION CHY OR TOWN REC'D. BY REGISTRAR	ALLS TO PSh. PERSTAR'S	WA	STATE RE .
	LE	EROY O. DYETT	- 4600 LIB	SRIY H	675, AC	FEB		perfrage	THE CA	rody

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician.

TO HOSPITAL

79-90470 WALE BLACK JULY IN SEE TO DEPOS LOS USAS COUNTY CALED CO. DOWN PERSONAL HOSEARCH ALEKED KANLEY LYBRINGE LESSENGE YES SEED ON THE PLANT OF THE PERSON OF THE P ENGLISH STORY OF THE STREET OF THE STREET TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the hospital or

BP.

DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	FOR STATE REGISTRAR	DE		FHEALTH AND MENTAL HYG IFICATE OF DEATH	79-004	71
1		CEASED NAME FIRST GERT	RUDE M.	RE	CALE	January 5, 1979	DAY YEAR 26 HOUR
	3 SE	Female	4 RACE White	MC	E OF BIRTH DAY YEAR 26, 1900	6 AGE (IN YEARS LAST BIRTHDAY) 78 YRS	MONTHS DAYS HOURS MIN
75	P	IRTHPLACE (STATE OR FOREIGN OUNTRY) ennsylvania	76 CITIZEN OF WHAT COU U.S.A.	MAR	RIED MEVER MARRIED WED DIVORCED	Baltimore Cou	nty , MD.
58	10 C	Towson	SENOTINGS EPIN			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Home Maker	12b. KIND OF BUSINESS OR INDUSTRY Own Home
150 most per	13a 4	AL RESIDENCE (IF NURSING HOME OF STATE Maryland Bal	timore 13c Tows		YES NO YES NO	6923 Donachie R	load
2	14. F/	ATHER'S NAME FIRST Grant XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	nier XXXXX	15. MOTHER'S MAIDEN NA FIRST Helen	WIDDLE	Gorman
medicol	16a \	WAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	15-33254	Mr Wincent	J. Reale Same a	
ar ather troumatic event, t		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON (c)	ISEQUENCE O	Sema		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	PART 2. OTHER SIGNIFICANT (TION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT			RED (ENTER NATURE OF INJURY IN ITEM 1B, F	
rked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
0 T 1 IS m			ottended the deceased	19 79	, and that in (my) (obt) opinion	deoth occurred on the date and hou	
# Fem		226. SIGNATURE Geoy	e Redou			MEDICAL STAFF DIRECTOR PHYSICIAN	276, DATE SIGNED 1/5/79
MPCK AN		22d PHYSICIAN'S NAME (TYP)	Bedon M.D.			ork Road	
<u> </u>	1	BURIAL, CREMATION, REMOVAL (SPECIFY) Intombment	Jan . 8, 1979		and Mausoleum	Parkville, Ba	
	24. F	uneral director uck Towson Fune	ral Home, Inc	York		TE REC'D. BY REGISTRAR 25b. RELATION 9 1979	Frey HOLLEDdy

79-00471				
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	4		12/1	
			1.6. (0.6 - 6.)	
			المراجعة المالال	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE	OF DEATH	RE 7. S	3-00	472	
I. DECEASED NAME FIRST HARRY	RE	ICHLVN		20. DATE OF DEATH	22.10	YEAR 979	26 HOUR
3. SEX 4. RAC	HITE	S. DATE OF BIRTH	2AY 1915 FAR	6 AGE (IN YEARS LAST BIRTI		NOER I YEAR	IF UNDER 24 HRS HOURS MIN
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNA.	USA	8		BALTIMORE CITY O	1113		WC
	AME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET A 6718 HAVEN	DDRESS)	INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF SALESMAN		INDUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER IN 136. STATE 136. COUNTY MARY LAND BALTO.	NSTITUTION, GIVE RESIDENCE BEFORE 134. CITY OR TOWN ROSEDALE	13d INS		13e. STREET ADDRESS 6718 HAVI	EN OAK I		21237 APT. #2
ABRAHAM	REICHLYN	F	PAULA	WIOOFE		NENO	WN
160 WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) YES (IF YES, GIVE WAR OR WWII - AR	DATES)			ARLENE ASPRE A, RANDALLS			133
PART 2. OTHER SIGNIFICANT CONDIT	JE TO, OR AS A CONSEQUER (C) (C) (C) (C) (C) (C) (C) (C	EATH BUT NOT REL		NAL DISEASE OR COND	20b. IF YES, W	ERE FINDIN	NGS USED
	b. TIME OF INJURY HOUR A.M. MONTH DA	V YEAR 21c. HO	w injury occurri	YES NO	IN CERTIFYIN YES Y IN ITEM 18, PART 1)	NO [
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d.	P.M. PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, FA	19 21f. LOC	CATION	CITY OR TOW	И	COUNTY	STATE
220. I certify that (1) (this hospital) attended to sow the decreased alive an above. (1) (was and) (did not view 22b. SIGNATURE	1-12 197	DEGREE	(my) (son opinion d ATTENDING PHYSICIAN	, to	F		
22d. PHYSICIAN'S NAME (MPEOR PRINT) STANLEY STEINE			1 SLADE AV				
	N.24,1979 BE		MORIAL PAR			ĽŤo.	MD STATE
24. FUNERAL DIRECTOR 6010 REIS	TERSTOWN RD.,	BALTO., 21215	MD 250 DATE	3 0 1979	19. CHENETRAL	SSIGNAT	

DHMH - 16 50M 1/76 (VR A 15 (4))

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UT CHRANTAR FOR	CHARLES AND SECTION		1/4

GUBIRIERIEU

NAME: Ida Mary Ritter

DATE OF DEATH: January 26, 1979

PLACE OF DEATH: Baltimore County

SEE: # 79-03183

February, 1979 Baltimore County WhiteField

STATE OF MARYLAND

Items #10-22a Film G520 2/15/19 I

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00476

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	0 0					
	CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR				
(IIIrs	ELSIE	М.	ROGE	RS	JANUARY :	26,1979	1:50P N				
3 SE	X	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS				
	FEMALE	WHITE	AÜĞÜ	ST 18, 1901	77 _{YR}		HOURS MIN.				
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH					
	NNSYLVANIA	USA	WIDOWE	D (1)	BALTIM	DRE COUNT	Y. M				
10. CI	TOWS ON	11 NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE 7700 YO)	URSING HOME C STREET ADDRESS) RK RD.	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	G LIFE) 12b. KIND C	OF BUSINESS OR				
13a S	AL RESIDENCE (IF NURSING HOME O STATE RYLAND		BEFORE ADMISSION) TOWN MORE	13d INSIDE CITY LIMITS?	13. STREET ADDRESS PURLING	GTON WAY					
)4 FA	ATHER'S NAME FIRST ALEXANDER	MIDDLE KULDELL		15 MOTHER'S MAIDEN NA LOUISE	WIDDLE	EMMOR D ^A	51				
	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV NO	E WAR OR DATES)	-4040B	LLOYD R. ROGI	ERS SR. 5425 PUI	RLINGTON	WAY				
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b	b), and (c).			APPROX BETWEEN	MATE INTERVAL				
	PART I. DEATH WAS CAUSI	TE CAUSE ID) CAN	dia	- arren							
	11/10	0.00									
	710-	0.0									
	Conditions, if ony, which gove rise to immediate										
	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
100	underlying couse lost (ic) Gronory arliny dl3-										
NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	DEATH BUT OT RELATED TO THE TENNINAL DISEASE OR CONDITION GIVEN IN PART 110:							
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS U YES NO YES NO YES NO						
CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IB, PART 1 OR PART 2)					
AL	OR CONTRIBUTING CAUSE OF DE	AITT I	DAY TEAR								
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION							
WE	WHILE NOT WHILE AT WORK	CITY OR TOWN	COUNTY	STATE							
	22a.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	1/25	7/2	nd that in (6) (our) apinion	death occurred on the date and	/	that (i) (we) lo couses stated				
	obove, (I) (we) (did) (did not) view the body offer death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR										
	IVATI HAD	COUN		22e. ADDRESS V 910/ Frank	Klin Square	Dr. Bal	to. 2123				
23a. E	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY	STATE				
L.	BURIAL	1/29/79	WOODLAW		WOODLAWN	BALTO.	MD.				
24 FI	UNERAL DIRECTOR			25a DA	TEREC'D. BY REGISTRAR 256. REC	STRAR'S PIGNA	URE				
	NAME	ADDRES	55	1-6	P T 12/2	1777	7				

MITCHELL WIEDEFELD HOME 6500 YORK RD

AMERICA 26,1970 11:30	ar000		Tale (C)
	ner en am.		ELEMEN
THEOD BURITARS 1800			ALSA LITERS &
512/acood		7.00 1001 100	ROSKOT
SAZE FURBLISHED BAY		TAMENOLE	
	LOUISE	Justine	.a - Gudharai
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TOT 180Y DOCA HARAL CLIPPING THE DESIGN THE

CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH 75 HOUR (TYPE OR PRINT) MICHAIL 78 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER ! YEAR DAY YEAR DAYS M 910 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MME WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY-OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) LUWSON DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 MACHINEL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BAHC CH 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MARI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 66 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 537-03-8361 Amil APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH. Enter only one couse per line for 10, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? à. IN CERTIFYING CAUSES OF DEATH? NO YES T Hyge 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a. | certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on above, (1) (we) (did) (did not) view the body after death (our) opinion death accurred on the date and hour and from the causes stated hospit 22b. SIGNATURE 22t. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22B ADDRESS ME TYPE OR PRINTI should b 0 23e. BURIAL, CREMATION, REMOVAL 23b. DATE STATE BP. - VANS FUNERAL CHAMEL 8800 HARFERD A 250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4))

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

HILL STATE OF THE STATE OF THE

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumotic event, the medical examiner must benotify

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-111481

		REGISTRAK					ichile oi			REG. N		, , ,	0.			
		CEASED NAME	FIRST	٨	NIDDLE	L	AST		20. DATE	OF DEATH	MONTH	DAY	YEAR	26 HOL	JR	
	(IIII)	OK PRINT)	Ruth		Ε.	Rot	he		Jan	uary 2	26,19	79			M	
	3 SEX	X		4 RACE		5. DATE C		YEAR	6 AGE (II	YEARS LAST BIR	THDAY)	MONTHS	DER 'YEAR	IF UNDER	R 24 HRS	
		Female	100	White	2	Ju]	ly 2,	1922		56	YRS	S		HOURS	70(1)-4	
5,	CC	RTHPLACE (STATE	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	X NEVEL	MARRIED		AORE CITY						
	M	aryland		Α.	WIDOWE	D	DIVORCED [I	Baltim	ore (Count	ty		MD.		
5		TY OR TOWN OF Towson										126 KIND OF BUSINESS OR INDUSTRY Clothing				
5	130 S Man	ryland	13b COU	timore	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI TOWSON		13d INSIDE CITY LIMITS? 13e STREET ADDRESS 6809 Bellona Ave.									
30	14 FA	THER'S NAME FIRST Lathro	om	MIDDLE Fe	nwick		15 MOTHE	FIRST Jennie		WIDDLE		Braml	ble LAS	Ť		
1		VAS DECEASED E		RMED FORCES?	166 SOCIAL SECU		17 INFORA			ADDR	ESS					
		No			214-14-9	637	Mr.	Frank F	R. Rothe Same as # 13							
1	ATION	Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse 10st. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D. 19) DATE OF OPERATION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1200 IF YES, WERE FINDINGS USED											<i>v</i> >			
2	CERTIFICATION	21a ACCIDENT WA		21b. TIME O		OFERATIO		INJURY OCCUR	YES [) NO X	IN CER	YES [CAUSES		TH?	
9		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	YEAR	711. NOW	INJURY OCCUR	KED (ENIER	NATURE OF INJU	INT IN ITEM	S, PARITO	RPART 23			
	MEDICAL	21d INJURY OC		21e. PLACE (21f LOCA STREE			CITY OR TO	WN	co	YINUC	S	TATE	
		sow the de obove (V) (y 22b. SIGNATURE	ceased olive or	ot) view the body	197	g , or	nd that in (m	y) (out opinion of	/ MEDICA	AL STA	\FF				oted	
1		226. PHYSICIAN	S NAME (TYPE		0	1	22e ADDR	ESS			57		1-	7//	1	
				ards, M.I						es Sti	reet	Tows	on,M	d.		
	230 B	BURIAL, CREMATI SPECIFY) Bur:						Cemeter		Balti	more	Mar	žlano	d si	ATE	
	24 FU	JNERAL DIRECTO	R		ADDRESS 10	50 Yo	ork Ro			YREGISTRAR	25b. REG	MSTRAR'S	SIGNAT	URE **	7 1 57	
	Ru		n Funer	ral Home	. Inc. To			1 1/1	N22	1919	pro	Losah	ME	ready	9	

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 60M 1/75 (VRA 15 (4))

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e Carle Strike Addition (1903)			ALC: U	

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH TYPE OR PRINT JAN. 29, 1979 WILLIAM T. RUCKLE 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS October 7m 1908 DAYS Male White 70 BALTIMORE CITY OR COUNTY OF DEATH THE BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED XXIEVER MARRIED COUNTRY BALTIMORE COUNTY Maryland U. S. A. DIVORCED | WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) News American JOSEPH HOSPITAL BALTIMORE Director DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS Hampton Garth Baltimore Towson 13d. INSIDE CITY LIMITS? Maryland YES [NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Mulcaughy Ruckle Edgar F. Frances 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCEST (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Margaret A. Ruckle, Same As #13e 212-09-0684 NO APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIOGENIC SHOCK IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 0 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? YES NO I Mentol Hygi 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 11. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE Jan. Jan. 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on Jan 79 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c_DATE SIGNED 0 TO FUNERAL E should be detox with the State D DIRECTOR PHYSICIAN I MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 7620 York Rd. Balto, Md. 21204 BEATRIZ P. DIZON. M.D. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) Cockeysville, Maryland XXXXX 2-2-79 Dulaney Valley Mem. BP Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 JAN 3

(VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND

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1630 Edmondson Avenue Catonsville, Md. 21228

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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THE REPORT OF THE PARTY OF THE ETE-CO-GOTA COOM C. STEE

of the section of the CATALOGRAPH TO ANNO THE EDITOR OF THE SECONDARY OF THE SE 1000 by althorated spanis Catanovillia, 14, 2020 injury, or ather troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows any

Dabrowski

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00486

		REGISTRAR						ŘEG. NO	D.				
		CEASED NAME	FIRST		NIDOFE	1	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR		
	(ITPE	COA	VST/	NCE	Pi	5	ANDERS		1-25	-79	1036 M		
	3. SEX	X		4. RACE	/	5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 1							
		Female	V 5	Car	ic.	12	18 1930	48	YRS.	NTHS DAYS	HOURS MIN		
5		RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT CO				8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH			
6		Md.		U.S.	Α.	WIDOWE		Baltimor	e Cita	J	MD.		
1	10 C1	ITY OR TOWN OF DEA	ТН	11. NAME OF	HOSPITAL, NURSIN	NC		F BUSINESS OR					
4	Baltimore Balt				more Co	ounty	Gen.	Housewif		INDUSTRY			
	JJSU/	AL RESIDENCE (IF NURSI	ING HOME OF		GIVE RESIDENCE BEFORE	AOMISSION)							
5		Md.	13b. COU	VIY	Baltimo		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	dford	Dd			
-		ATHER'S NAME			Dat CIllic	116	15. MOTHER'S MAIDEN NAM		alvea	Nu.			
50		FIRST		MIDDLE	T - i - i - i		FIRST	WIODLE	m	LAS			
U	14- 14	John	INTER A F	HED FORCESS	Lejsiak		Amelia	ADDRE		ıszko	WSK1		
6		VAS DECEASED EVER I		E WAR OR DATES)	16b SOCIAL SECU	KIIT NO.	17. INFORMANT				- 20		
8		No			213-26-	7512	L. Frankli	n Sanders	1171		XD NU		
		18. CAUSE OF DEATH			line for (a), (b), and	dichi	0	0	0	BETWEEN	MATE INTERVAL ONSET AND DEATH		
Н	1	PART I. DEATH W											
		5715			R AS CONSEQUE	NICE OF		pintle.	- (.)	ge	ens		
		Conditions, if any,	which	(K AS A CONSEQUE	INCE OF		Ci. Iruc	150	(/			
		gove rise to imm	nediate	(b)									
		couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF											
	z	PART 2 OTHER SIGN	IIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	01		
	CERTIFICATION												
5	ICA	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA					
4	ZIE							YES NO YES NO					
2	GE	21a. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)			
/	AL	OR CONTRIBUTING C		an .		19							
	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY		21f. LOCATION	T 100					
	W	WHILE NOT WH	ILE	(AT HOME, STR	EET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TOWN COUNTY STATE					
	134		_	4-1) -44 1-1 4		1-	2-2- 10 116	7 . /-	25-10	119	4 40. 6> 14		
П		220.1 certify that (1) sow the decease		1 ()	s deceased from _	100	nd that in (my) (our) opinion o	depth occurred on the do	to and hour o	//	that (i) (we) last		
		obove, (I) (we) (d	lid) (did no	t) view the body	ofter death.	//		dedin occorred on the do	ne ona noor o				
9		22b. SIGNATURE		0 0	11	/	DEGREE	MEDICAL STAF		22c. DATE	SIGNED		
		50	on o	Elmel	Hore		PHYSICIAN [DIRECTOR PHYSIC		1-1	-5-17		
1		22d. PHYSICIAN'S NA	ME (TYPE C	R PRINT)	1	1	22e ADDRESS	A		011	10		
1		SOON	CH	u.L	HON	G	Baltimorel	2 ounter Cx	enlia	O He	s pilal		
		BURIAL, CREMATION, F	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
	(3	SPECIFY) Burial		1/27/						YTAUC	STATE		
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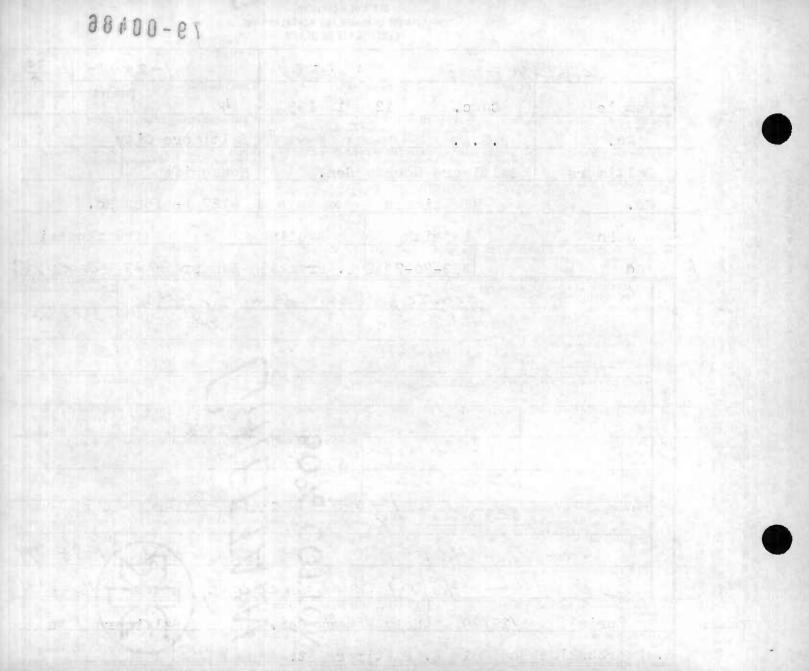
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Baltimore

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DHMH - 16 50M 7/77 (VR A 15 (4))

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	1	FOR			S.	TATE OF N	ARYLAND						
	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NJ. 9 - 10 4 8 7									
PLEASE RECTOR. IR FILES. HOURS		CEASED NAME	SWARD SWARD	EMN	MIDDLE	SARI	PINETON	20. DATE KNO	WN MONTH	DAY YEAR 2 1979	1215		
	3. SE	IALE	WHITE	S. DATE OF BIRTH	1913 6. AGE (1)	YEARS IF UN MONTH YRS.	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DE AD	HTMOM .	2 1979	2d. HOUR (52.)		
7	W	IRTHPLACE (STATE PREIGN COUNTRY) ASHINGTON	,D.C.	76. CITIZEN OF WH		8. MARRI WIDOW	ED NEVER MARR	IED L	ALT IMORI	E COUNTY.	MD.		
	10. C	ESSEX	DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE 1201	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY CRESTREET ADDRESS) CR INDUSTRY (IF NOT IN SUCH FACILITY CRESTREET ADDRESS) CR INDUSTRY (IF NOT IN SUCH FACILITY CRESTREET ADDRESS) CR INDUSTRY (IF NOT IN SUCH FACILITY CRESTREET ADDRESS) CR INDUSTRY (IF NOT IN SUCH FACILITY CRESTREET ADDRESS) CR INDUSTRY (IF NOT IN SUCH FACILITY CRESTREET ADDRESS) CRESTRY (IF NOT IN SUCH FACILITY CRESTREET ADDRESS) CRESTRY (IF NOT IN SUCH FACILITY (IF								
1		AL RESIDENCE (IF II TATE MD	13b. COUNTY	OTHER INSTITUTION, GIVI Y IMORE	13c. CITY OR TOW ESSEX		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 1201 ENGL	EBERTH I				
-		ATHER'S NAME FIRST HOWA	ARD SAP	PINGTON	LAST		15. MOTHER'S MAIDE	MINNIE MIDDLE	UTZ	LAST			
	16a. \ (Y	MAS DECEASED E' ES, NO, OR UNKNOWN NO	VER IN U.S. ARMI (IF YES, GIVE W	ED FORCES? AR OR DATES)	16b. SOCIAL SECU 214-03-0		HELEN E.	SAPPINGTON		EX , 2122	ERTH RE		
	NO	gave rise cause (a) sta lying cause l		(b)	AS A CONSEQUENCE AS A CONSEQUENCE JT HOT RELATED TO THE T	CE OF	OR CONDITION GIVEN IN PA	RT 1 (a).					
2	CERTIFICATION	19a. DATE OF OP	PERATION	19b. CONDITI	ON FOR WHICH O	PERATION W	ON WAS PERFORMED? 20 AUTOPSY? YES						
1000	CAL CERT		OR CAUSE OF DE			EAR 21c. HC	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN	HITEM 18 PART 1 OR P				
	MEDICAL	21d. INJURY OCC WHILE AT WORK	OT WHILE T	21e PLACE O STREET, FACTO	F INJURY (AT HOME PRY, FARM, ETC.)		CATION TREET	CITY OR TOWN	C	OUNTY	STATE		
		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,											
8		EXAMINER'S NA (TYPE OR PRINT)	1. CVP	SSAN O	DONOVA		ADDRESS.	J-MEDICALEXAMINER DUNDALK AV		LT. MD	21222		
Zi.	23a. B	URIAL CREMATIO SPECIFY) BURIA		1-6-79	OAK I	AWN CE	METERY	7225 EAST	ERN BATTI		ATE		
A PAGE 4 SHOULE THE CALL THE C	(:	SPECIFY)	T :	1-6-79	OAK I	AWN CE	METERY 250. DATE I	7225 EAST	ERN BOVI	D. B. 00			

medical examiner must be notified at ance

MAPORTANT: If hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00488

ч	1 -	REGISTRAR			CERTIFI	CATE OF DEATH	REG.	3-01	, + 0 0	
		EASED NAME FIRST	,	MIDDLE	ĹA	ST	20 DATE OF DEATH	MONTH DAY	Y YEAR 26. HOUR	R
	(TYPE (FREDERICK	W	SATTER	ELFIN		J	AN. 2	5,1979 6:1	5PM
	3. SEX		4 RACE	Jiiii K	5. DATE O		6. AGE (IN YEARS LAST B		UNDER I YEAR IF UNDER 2	
		MAIE	WH!	TE	MA	4 10 1906	72	YRS	ONTHS DAYS HOURS	MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	F DEATH	
-/		ASH.D.C.	U.	8. A.	WIDOWE		BALTI	'MORE	COUNTY	C MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		126. KIND OF BUSINES	SSOR
0	RA	NDAllSTOWN	BALTIMO	RE Count	y Ora	ERAL HOSPITAL	RET. BOG.	KBINDE	R MININTI	NG
1	13a. S	TATE 13b COUNTRY 1		130 CITY OR TOWN	V . 1	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	LIBER	174	
- 3	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		1	, ,,,,,,	
1		William	5A	TTERFIE	10	EVAN/EE/	INE		BARGER	2
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT		RESS 5	709-3600	we
		NO		5/1-09	.068	1 KALPIA 3	ATTERFIC	Hy	4773VILLE	40
		18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), and	l (c).)	C 11	. 1	0	BETWEEN ONSET AND I	DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (0)	" Cercit	2000	a of the	SLAW			
ĸ		1129	DUE TO, O	R AS A CONSEQUE	NCE OF					
	211	Conditions, if any, which gave rise to immediate	(b)_							
	9	couse (a), stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF					
		underlying couse lost	((c)							
	z	PART 2. OTHER SIGNIFICANT (CONDITIONS CO	DNTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CO	NDITION GIVEN	IN PART 1(a)	
-	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES,	WERE FINDINGS USED)
9	IFIC	THE STATE OF STREET					YES NOT		ING CAUSES OF DEATH	H?
a	ERT	21a ACCIDENT WAS UNDERLYING	21b. TIME O	F INJURY		21c HOW INJURY OCCURR		1		
7		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA						
Н	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE	OF INJURY	19	21f. LOCATION				
	ME	WHILE AT WORK AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR T	NWC	COUNTY STA	ATE
		22a I certify that (1) (this haspi	tal) ottended th	e deceased from_	113	5 19 79	10 135	, 10	75, that (I). (W	ve) tast
		saw the deceased alive an abave, (I) (we) (did) (did no		ofter death	2, an	d that in (my) (dur) opinion d	leath occurred on the	date and hour o	and from the couses sto	ited
Н		22b. SIGNATURE	Ti view the body	oner deom.	1,	DEGREE			22c. DATE SIGNED	
		Rulet 10	le.		l	ATTENDING PHYSICIAN	MEDICAL ST POIRECTOR PHYS	AFF	1/25/7	9
		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	0	1111111	22e ADDRESS	200	10	1 0	
1		Robert	COS-	pnick	12	87566	Red	2 Duga	- hare	
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	-	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	, c	OUNTY STA	LTE
		Bunal	1-27	- /7	CNA	RHIII CEMETE		/AWDO	RG, M	1)
	24. FL	JNERAL DIRECTOR		DDRESS	21	250. DATE	BAD BY RECHURA	R 256. REGISTR	AR'S SIGNATURE	4
		W.W. CH	MMBER	5 (0.1	IVE	RDALEMO			/	

BP_____ DHMH-16 50M 7/77 (VR A 15 (4))

79-00489 tensel again the leavest to a bline a state of the state of AND DESCRIPTION OF THE PERSON OF THE PROPERTY OF THE PROPERTY OF THE PERSON OF THE PER THE RESERVE THE PARTY OF THE PA

	8	1.	FOR - STATE REGISTRAR			DE	PARTMENT OF	E OF MARYLAND TEALTH AND MEN TICATE OF DEA	ITAL HYGIEN	NE 7	0 0	0490	305 h.S
page 3		1. DE (TYPE	CEASED NAME OR PRINT) EM	FIRST	4 RACE	MIDDLE	Sch 1	MOL/12 DE BIRTH		DATE OF DEATH AGE (IN YEARS LAST BIR	-3.	IF UNDER) YEAR	5 A M
ectar,			MALE	8	WHIT	E	ÄP	Ř. 4, 190) O AR	78	YRS *	AONTHS DAYS	HOURS MIN
within 72 hou	97	C	RTHPLACE (STATE OR FOI OUNTRY) Poland		7b. CITIZEN OF USA		MARRIE	d Never mar	RIED		IMORE	OF DEATH COUNTY	MD.
/	90		PIKESVILL	Е	(IF NOT IN SU	PIKESV	ILLE NUR	SING HOME		Ra USUAL OCCUPAT TYPE OF WORK FOR MOST C OWNER	ION DE WORKING LIFE	126 KIND C INDUSTRY JANIT	ORIAL SEI
	35		AL RESIDENCE (IF NURSI STATE MARYLAND	136 COUN BAI	TO.	RANDA	LLSTOWN			9213 ALL	ENSWOO	D RD.	#21133
	30		LOUIS			CHMOLT			DLDIE	WIDDLE		INKNOWŃ	ș†
	шедісо	16a V	vas deceased ever i YES YES		MED FORCES? -ARMY		SECURITY NO. 34-1849			DLITZ 9213 N, MD 211	ALLEN	SWOOD 1	RD.
lo borror, cremorion, or r	y injury, ar other traumotic event, the	TION	Conditions, if any, gove rise to imm couse (o), stating underlying couse	which ediote the lost.	DUE TO, C	CONTRIBUTION	SEQUENCE OF						
in id aliain	Shows an	CERTIFICATION	19a. DATE OF OPERAT				HICH OPERATIC	n was performe		20a AUTOPSY? YES NO	IN CERTIFY		NGS USED OF DEATH?
Mental H	Morked of Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	LEXAMINER)	21e. PLACE	.m. MONTH P.M. OF INJURY	DAY YEAR 19 DEFICE, FARM, ETC.)	21f. LOCATION STREET	Y OCCURRED	CITY OR TO		COUNTY	STATE
of He	SI IZ		22a-I certify that (I) (saw the deceased above, (I) (we) (di	d alive on.				nd that in (my) (our		, to th occurred on the d			that (I) (we) last causes stated
of o	Tem Tem		22d. PHYSICIANS NA	Dh	1 is	mg.	K.	PHYS	NDING SICIAN	MEDICAL PHYSIC		22c. DATE	SIGNED
should be with the St	MPOKIAN I		0 24	ept.	on 1	hro ?	COLLE		7 S. E	المادا	8d.	2111	7.
sho sho		(BURIAL, CREMATION, R SPECIFY) BURIAL		JAN.5		PROGRE	EMETERY OR CREA SSIVE BEN EF ASSOC.	EFIT	23d LOCATION CITY OR TOWN RANDALL	STOWN	COUNTY BAL/TO	STATE MD
OM 1/76		24. FI	NAME 6010 REIST	OL LE ERSTO	VINSON WN RD	& BROS	INC.		25a. DATE RE	8 1979	25b. 15G15	PRI PRIVE	DATE

- STATE

REGISTRAR DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Schroeder 6 AGE (IN YEARS LAST BIRTHDAY) DAYS BALTIMORE CITY OR COUNTY OF DEATH Baltimore, ountu 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ins. Leriz 13e STREET ADDRESS 5 Vest Bend (t. 21207 Frank ouise. Jeanne Rhinehart 911 Fordwood APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUCCES Years 20b IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE January 79 . and that in (my) 🕊 opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED

1811 North Rolling Road,

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY timore,

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

1/16/79

STATE

24 FUNERAL DIRECTOR

23b. DATE

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

(VR A 15 (4))

DHMH - 16 60M 1/75 insbury Funeral Home 6411 Windson Mill Rd. 7 -1- 7 vertex 1-1-1

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

death death

moy be

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

79-00492

LD		MIDDLE				REG					
	ECEASED NAME FIRST	MIDDLE	1	AST		20. DATE OF DEAT	Н момтн	DAY	YEAR	26 HOUR	R
(10)	Margar	et Emma	Schus	ssler	A PAIL		-	3	79	12 1	Voon
3 SE	EX	4 RACE	S. DATE C		VEAD	6. AGE (IN YEARS LAS	T BIRTHDAY)	-	DER 1 YEAR	IF UNDER 2	L T T T T T
	Female	White	Ma		1 80	98	YRS	MONTH	SOAYS	HOURS	MIN
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8	D NEVER A	AADDIED []	9. BALTIMORE CI	Y OR COUN	TY OF D	EATH		
	Md	USA	WIDOWE	~	VORCED [Balto,	00.				MI
	alto. Co.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE AUGSDURG LUTE	STREET ADDRESS)		TITUTION	12a USUAL OCCU (TYPE OF WORK FOR M HOUSEW	OST OF WORKING	LIFE) 12	b. KIND O IDUSTRY	F BUSINE:	
13a	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c CITY OR BALTO.	E BEFORE ADMISSION) R TOWN	13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRI 3932 /Re		town	Rd		
14. F	ATHER'S NAME Eugene	Pall	hon kkaka	15 MOTHER'S	S MAIDEN NAM	ΛE		565	nger AS	т	
16a	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES ON		SECURITY NO44-3481	17 INFORMA	• Duff,	6811 Cam	pfield	Rd.	Bal	to.21	201
							- 1 - 7				
Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTION	SEQUENCE OF			NAL DISEASE OR C	CONDITION G) IVEN IN	PART 1(c))	
TIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	SEQUENCE OF	INEM.	IA,	NAL DISEASE OR C	20b. IF Y	ÉŠ, WEI	RE FINDIN	IGS USED OF DEATH	H?
ICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W 116 TIME OF INJURY HOUR A.M. MONTH P.M.	SEQUENCE OF	N WAS PERFO	IJURY OCCURR	20g AUTOPSY?	20b. IF Y IN CER	YES, WER	RE FINDIN CAUSES	IGS USED OF DEATH	H?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH	SEQUENCE OF GTO DEATH BUT WHICH OPERATIO H DAY YEAR 19	NEM!	IJURY OCCURR	20a AUTOPSY? YES NO ED (ENTER NATURE OF	20b. IF Y IN CER	YES, WER TIFYING YES [] B, PART I O	RE FINDIN CAUSES	IGS USED OF DEATH	H?
	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK SOW the deceosed olive or sow the deceosed olive or	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 19b CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, O	SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW IN 21f. LOCATIC STREET	IJURY OCCURR	20a AUTOPSY? YES NO ED (ENTER NATURE OF	IN CER	YES, WEFTIFYING YES B, PART 1 O	PART 2)	IGS USED OF DEATH NO STA	H?
	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING DUE FOLC (L) 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW IN 21f. LOCATIC STREET 2 b and that in (my) DEGREE H. D. A	IJURY OCCURR	20g AUTOPSY? YES NO ED (ENTER NATURE OF CITY O	IN CER IN CER IN CER IN CER IN CER IN ITEM II	YES, WEF TIFYING YES CC 19 aur and	PART 2)	IGS USED OF DEATH NO STA	H?
	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK AT WORK ON THE COUNTY OF COURSED WHILE AT WORK AT WORK ON THE COUNTY OF COUNTY	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING DUE FOLC (L) 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW IN 21f. LOCATIC STREET 2 b and that in (my) DEGREE H. D. A	JURY OCCURR 19 6 (our) opinion of	20g AUTOPSY? YES NO ED (ENTER NATURE OF CITY O	IN CER IN CER IN CER IN CER IN CER IN ITEM II	YES, WEF TIFYING YES CC 19 aur and	PART 2)	IGS USED OF DEATH NO STA	H?

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		a California	C x	*xxxx		UTA UTA
٤,	ITE . NA B.	al care its care its	.d .wet its	Z-21X	XX XXXXXX	
					1/5/1	

injury, or other traumatic

IMPORTANT: If Hem 21 is

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTIFICATE OF BEATH

79-00493

П		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).		
1		CEASED NAME FIRST	WIDDLE	l	AST	10 TO			DAY YEAR	26 HOUR
	(ITPE	THERES	A AGNES	Scoo	GINS			1 3	1979	5:45 AM
1	3. SEX	X	4 RACE	5 DATE C		MEYO	6. AGE (IN YEARS LAST BIRTH	IDAY)	IF UNDER 1 YEAR	IF UNDER 74 HRS
		FEMALE	WHITE	8	15 ^{DAY}	1890	88	YRS	MONTHS DAYS	HOURS MIN
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER	MARRIED [9 BALTIMORE CITY O	COUNT	Y OF DEATH	Fire and the second
7		MARYLAND	USA	WIDOWE	DX C	NORCED [BALTIMOR			MD.
4	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		R OTHER IN:	STITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF			OF BUSINESS OR
4		CATONSVILLE		TERS OF	THE F	OOR	CASHIER		Mov	ie
4	USUA 13e. S	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		13d. INSIDE	CITY LIMITS?	13e. STREET ADDRESS			
2	6	MARYLAND -	BALTIN	ORE	YES 🔣	NO 🗌	0000 11	JOKY	AVENUE	21213
	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER	'S MAIDEN NAM	AE MIDDLE		LA	SI
đ	}	CHARLES	SMITI	1	N	ARGARET			HART	
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORM	ANT	ADDRE	SS		9-21-1
		NO		2-5620	SR.	CATHERIN	VE 601 MAI	DEN C	HOICE L	ANE
		18 CAUSE OF DEATH (Enter o	inly one couse per line for (a), (b),	and to .h	/		NECESTICAL TO A TOTAL OF THE PARTY OF THE PA		APPROX	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUS	ATE CAUSE (0) S CC O	dolen	- di	eally-	- Massive	20 40	-	
		411-	DUE TO, OR AS A CONSEC	DUENCE OF	1) -	1.	1	14.	CO OF	
		Conditions, if any, which	(16) Corolies	64	levele	ii. No	mg stanc	(enz)		
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF	1	,		/		
		underlying couse lost.	(A.S. Card	ie wene	welver	dissonit	C.H. G. Udirara	el sem	7	
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR COND	ITION GIV	VEN IN PART I	01
	CERTIFICATION			SAMULE						
1	ICA	190 DATE OF OPERATION	195 CONDITION FOR WHIC	CH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?		S, WERE FINDI	
4	RTI		The Thirt of Intilipy		Tal How		YES NO		ES 🗌	NO 🗆
7		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ☐ CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	ZIE HOW I	NJURY OCCURRI	ED (ENTER NATURE OF INJUR	/ IN ITEM 18, I	PART 1 OR PART 2)	
1	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19			1-3			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f. LOCAT		CITY OR TOW	N	COUNTY	STATE
		AT WORK	SHIP TO SHIP SHIP				2			
1			pital) attended the deceased from	0 13	10.		_, to		1979	that (I) (we) lost
1			at) view the body after death.			(our) opinion a	eoth occyrred on the do	re and hou		
1		22b. SIGNATURE	()	/	DEGREE	ATTENDING	MEDICAL STAF	E	22c. DATE	SIGNED
	- 0	Familie	s muel of	1	ne).	PHYSICIAN	DIRECTOR PHYSIC	AN	110	5.19.
1		22d. PHYSICIAN'S NAME (TYPE	0 1.11.12 0.0		22e ADDRE	55 h	10	/	R. of	- 00/ 21005
		SIHNLEY	HARLIDAS		1101	गावासरा.	o cheree R	02.	Jack	ma-2024
	(5	BURIAL, CREMATION, REMOVA	L 23b. DATE 23	. NAME OF C			23d. LOCATION CITY OF TOWN		COUNTY	STATE
	_	Burial	11/6/79 H	oly R	edeem	er Cem.	Baltimo	re,		Md.
	24 S	chimunek Fur	neral 393	1 Bre	hms L	ane IA RI	REC'D. BY REGISTRAR	Db. REGIST	IKAR'S SIGNAT	TURE
	F	Home, Tnc.	Bal	to.Md	.2121	3 JAN	5 1970	fre int	Be & O	

DHMH - 16 50M 7/77 (VR A 15 (4))

79-00493			
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HANTAH BERTONIA	A LONG	TI	THE CHARLES

FOR

STATE OF MARYLA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF D	EATH	RE	3 NO 9 -	U U 4	34	
		CEASED NAME FIRST	WIOOLE		L	AST	TOWN I	20 DATE OF DEAT		DAY YE	EAR 2b	HOUR
	{ I TYPE	E OR PRINT) GLE	NN			SEALOCI	ζ.	CAR STATE	01	07	79	P. M
	3 SE		4 RACE				6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER		UNDER 24 HRS	
	1	MALE	WHITE		06 18 12			66 YRS MONTHS DAYS HOURS			OURS MIN	
82		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER MARRIED		BALTIMORE CITY OR COUNTY O			TH		
83		VIRGINIA	U.S.A.	U.S.A. WIDOWED			ORCED	BALTIM	ORE CO	UNTY		MD
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPI			R OTHER INST	ITUTION	12a USUAL OCCU				USINESS OR
00		CATONSVILLE	2203 EI			ENUE	her son	TRUCK DI			T. C	OWAN
0.4		AL RESIDENCE (IF NURSING HOME COL		ESIDENCE BEFORE		13d. INSIDE CI	TY LIMITS?	13e STREET ADDR	FSS			1
35	М			CONSVII			NO 🗓	2203 EDI		N AVEN	UE,	21228
		ATHER'S NAME	WIDDLE	LAST	THE P		MAIDEN NAM				LAST	
130		JOHN		SEALOCE	ζ		ERTIE	Milos	,,,,	G	RAY	
1		WAS DECEASED EVER IN U.S. A		OCIAL SECUI	RITY NO.	17 INFORMAL	VT	A	DDRESS			
		NO NO		14-09-9	9137	MARGAI	RET K.	SEALOCK.	2203	EDMOND	SON	AVE.
		18 CAUSE OF DEATH (Enter o	inly one couse per line fo					1 ()			E INTERVAL ET AND DEATH
0.00	37	PART I. DEATH WAS CAUS	ED BY.	as cl	ina	escio	chore.	· South	ME.		0.00	212.20
		1629		CONCEOUS	NCFOF							
		Conditions, if ony, which	DUE TO, OR AS	CONSEQUE		un for	ris	/				
		gove rise to immediate			- 12/10/						14.5	
27		couse (a), stating the underlying couse lost.	DUE TO, OR AS	/ /)		, Cir	S	Det o				
			(c)	alu				ore on				
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO D	DEATH BUT	NØI RELATED	TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN PA	RT I(o	
	CERTIFICATION	NA DATE OF ODERATION	AND OF OR DAVION			HICH OPERATION WAS PERFORMED			[30k IE	YES, WERE F	INTO INTO	LICED
9	Ů.	19a DATE OF OPERATION	198 CONDITION	FOR WHICH	OPERATIO	N WAS PERFO	KWED	200 AUTOPSY?		RTIFYING CA		
1	RT.							YES NO		YES		NO []
9	2	210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE			Y YEAR	21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM	1B, PART 1 OR PA	RT 2)	
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER			19							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN			21f LOCATIO	N	CITY	OR TOWN	COUNT	77	STATE
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	CTORY, OFFICE, F	ARM, ETC.)	SINCEI		CIIT	KIOWN	COOK		SIAIE
00		22a I certify that (I) (this has	oital) attended the dec	eosed from_			. 19	, to			, tho	t (I) (we) lost
		sow the deceased alive a	n	19		d that in (my)	(our) opinion d	leoth occurred on t	he dote and	hour and fro	m the cou	ses stoted
		obove, (I) (we) (did) (did n 22b, SIGNATURE	of) view the body offer	deoth.		DEGREE				220.	DATESIC	GNED
		Col R	met a			1. A A	TTENDING		STAFF			
1		22d. PHYSICIAN'S NAME ITYPE	14 Wald	"Ce-	- 1	220. ADDRESS		DIRECTOR PH	YSICIAN L			
1		ZZO. PHISICIAN S NAME (TYPE	OR PRINT)									
1		ROBERT B. MCH	FADDEN, M.D.	•		3350	WILKENS	S AVENUE,	BALT	MORE,	MD.	21229
	23a E	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COUNTY	As ,	STATE
		CREMATION	01-08-79	L	OUDON	PARK		BALTIM		TY		YLAND
	24. F	UNERAL DIRECTOR				21229	25q. DATE	REC'D. BY REGIST	RAR 25b. RE	STRAR'S ST	SNATER	E .

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

4107 WILKENS AVE. HUBBARD FUNERAL HOME, INC.

medical examiner must be notified of once

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fushauld be detached for use as the buriof-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, or removal.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	7	9	-	0	0	4	9	5	

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	3-004	33	
1. DEC	CEASED NAME William	W. Seed	chuk	ı	AST	20. DATE OF DEATH MONTH	day year	26. HOUR 2 %.	
3. SEX	Male	4 RACE White		S. DATE C	F BIRTH YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR MONTHS DAYS YRS.		
E co	RTHPLACE (STATE OR FOREIGN	u.s.		WIDOWE		9. BALTIMORE CITY OR CO Baltimore		A	
	Rosedale	1 324 IN SUG	vering Av	DDRESS)	-21237	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			
13a S1	TATEL 136. COUN		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Dato.	4	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS A	venue-212	06	
14 FAT	THER'S NAME FIRST Nicholas	Peechuk	LAST		15 MOTHER'S MAIDEN NA	en Turek MIDDLE		AST	
160 W	VAS DECEASED EVER IN U.S. AR ES. (IF YES, GIVI	MED FORCES? WAR OR DATES)	213-10-1		Mrs. Ida M. S	Seechuk - 4203	Kolb AV e	nue	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY: 'E CAUSE (o)	Sovere	0	and estive 1	heart lait	APPROI BETWEEN	NIMATE INTERVAL	
	Conditions, if ony, which gove rise to immediate couse (o), storing the	DUE TO, O	R AS A CONSEQUE	NCE OF C	eratic Lt	disease	1	Yz	
	underlying couse lost PART 2 OTHER SIGNIFICANT ((e)	Alecia	25	Tibrillah	COT DISEASE OF CONDITION	N C IVEN IN PART 1	to	
NO.	Chy	enrie .	Lymota	Fic	henkenni	a.			
TIFIC	190 DATE OF OPERATION	196 COND	1	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDS CERTIFYING CAUSE YES		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITI	EM 18, PART I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	220.1 certify that (1) (this hospin saw the deceased alive on above, (1) (we) (did) (did no		19	19	nd that in (my) (our) opinion	death occurred on the date on		, that (1) (we) e couses stated	
	226. SIGNATURE	rece!	1	H		MEDICAL STAFF DIRECTOR PHYSICIAN [271. DATI	SIGNED 79	
	M DARX	PRINT) SH			270 ADDRESS	-stl.			
23a. Bi	URIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE / 5-7			Redeemen (m.	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
24 FU	Onn (. Miller	Inc- 64	15 Betair		TO DAT	E REC'D. BY REGISTRAN DE. R	EGISTRAR'S SIGNA		

DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physicion.

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CATE OF THE OWN

PISAL

1 DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) January 4, 1979 Marie H. Sewell A AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH Dec. 16. 1890 Female White In BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED U.S.A. Baltimore County Penn. 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) RandallstownConvalescent Center Randallstown Homemaker MARYLAND 21201 13e STREET ADDRESS Baltimore Maryland Balto. County 3418 Abbie Place 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jacob Hiedler UNKNOWN Maru 17 INFORMANT Mr. Allan M. ASEWELL BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) . LIFYES GIVE WAR OR DATES 3418 Abbie Place Balto. Md. 21207 214-62-3462 8 CAUSE OF DEATH (Enter only one couse per line for a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. Canditions, if any, which gave rise to immediate couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER, NOTIFY MEDICAL EXAMINER) PM 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) tour) apinian death accurred an the date and hour and from the causes stated obove, (1) (wet (did)) (did not) view the bady ofter death DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23h. DATE (SPECIFY) Burial Jan. 6/79 Lorraine Park Cem. Woodlawn Balto. Md. 24 FUNERAL DIRECTO Loring Byers Funeral Directors, P.A.

8728 Liberty Road Randallstown, Md. 21133

FOR

- STATE

DHMH - 16 60M 1/75 (VRA 15(4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

21207

LAST

IF UNDER 1 YEAR

INDUSTRY

COUNTY

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

William E. Johnson

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00699

	ļ'.	REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. N	0	00		
722	I DE	CEASED NAME	FIRST	-	MIDDLE	L	AST			нтиом	DAY	YEAR	2h HOUR
	TITPE	OKPRINT	1 DA		M.	SHE	ELER	25.11		01	30	79	7:00P M
	3 SE	X		4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRE	HDAY)		DER I YEAR	IF UNDER 24 HRS
	F	emale		White		Feb.	10, 19	02	76	YRS.	MONTHS	DAYS	HOURS MIN
0		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8	NEVER MARE		9. BALTIMORE CITY O		TY OF D	EATH	
50		aryland		U.S.A.		WIDOWE	DIX DIVOR	CED 🗆	Baltimor	re Co	oun	tv.	MD.
1000	10. CI	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	ROTHER INSTITUT	ION	12a. USUAL OCCUPATION OF WORK FOR MOST OF	ION	121		F BUSINESS OR
54	T	owson	ALLE	6701	N. CHAR	LES S	GBMC	- 6	Housewif	e		lome	
10	USU,	AL RESIDENCE (IF NU	RSING HOME OF	OTHER INSTITUTION,		RE ADMISSION)	13d. INSIDE CITY L		13e. STREET ADDRESS				
1		aryland		timore	21234				A DOWN THE REAL PROPERTY.	skai	Rd	1.	
	_	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	MIDDLE			LAS	ALL SALING
34	W.	alter			racey		Lucinda		WIDDLE		Her	cshe	
	16a. V	VAS DECEASED EVE			166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS			
1	N				212-22	-6725	Mrs. E	lsie	Ambrose	1773	3 Am	nusk	ai Rd.
		18 CAUSE OF DEA	TH (Enter an	ly ane cause per	line for (o), (b), or	nd (c)						APPROXI	MATE INTERVAL DISET AND DEATH
		PART I. DEATH		D 8Y: 'E CAUSE (o)	CARDIC	PULM	ONARY AF	RREST		200			
		431-		DUE TO O	R AS A CONSEQU	IENCE OF	1 - 1 - 1			133			
		Conditions, if an	y, which	(ib)	BRAIN	HEMOI	RRHAGE						
		gave rise to in		DUETO	R AS A CONSEOU	IENCE OF						13-3	
		underlying caus	se last.	(6)	STROKE								
		PART 2. OTHER SIG	SNIFICANT (ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN	PART 1(c)
	CERTIFICATION												
0	CAT	190 DATE OF OPER	ATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?				GS USED OF DEATH?
1	TIFI								YES NO		YES 🗌		NO 🗌
0		210. ACCIDENT WAS U	_	21b. TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY	Y OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	B, PART 1 O	R PART 2)	
1	CAL	(IF EITHER, NOTIFY MED		P.		19		176			3,35	100	WILLY
	MEDICAL	21d. INJURY OCCU		21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET		CITY OR TO	MN	co	YTAUC	STATE
	1	AT WORK AT W	WHILE U				101/20	70	01	120	7	0	200
	- 76	220.1 certify that (1) (this haspi	tal) attended th	e deceased fram.	79	01/30,1	9 19	, toUI_	130	. 19		that (1) (we) last
	0.50			t) view the bady) apinian c	death accurred on the de	ote and ho			
		22b. SIGNATURE	En	5/	0		DEGREE	IDING	AASDICAL STA	cc	2	22c. DATE	
		Nassa		-	T_		PHYS	NDING SICIAN	MEDICAL STAI DIRECTOR PHYSIC			01,	/30/79
A		22d. PHYSICIAN'S	VAME (TYPE O	R PRINT)			22e ADDRESS						
1		DR.	HASSA	N FARI	D		GREATE	ER B	ALTIMORE	MEDI	CAL	. CE	NTER
	23a. 8	BURIAL, CREMATION	, REMOVAL	23b. DATE	23 с.	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION CITY OF TOWN		COUNT	TY	STATE
		urial		2/2/	/79 Di	ulane	y Valle	V	Baltimor	e Co	ount	tv.	D A
	24. FI	UNERAL DIRECTOR			ADDRESS			25a DATE	REC'D. BY REGISTRAR	25b. REGIS		1	
	W	illiam 1	E. Jo	hnson		ch R	aven Rd	FEB	1 1979	peop	Toy /	Dra Co	secla.

	40.00 69.63288
TONSON CHARLES	
	רעדושעפים בייני נימן ע. ניתיבי בייריני
	Table Youthwalling Lord
	FUAFIRED MONEY (MARINE)
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CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME MIDDLE 2a. DATE OF DEATH (TYPE OR PRINT) Annie Shields an. 20. 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) M BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Baltimore (o. anulano WIDOWER DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION atonsvil onval. Homeeinc Homemaker ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Appian Jay, Pasadena, Md. asadena 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST chae Dienstbien Filiabeth MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS 17. INFORMANT IYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Same as above 18 CAUSE OF DEATH (Enter only one couse pag line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF 7SCUD Ody Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS ACONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIZ and Mental Hyg 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY IL HOW WIJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE WHILE 22a I certify that (1) (this hospital) attended the deceased from, 1-226-79 sow the deceosed olive on_ _. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. If Item 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF be deto e Stote [FUNERAL PHYSICIAN PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME PAPE OR PRINT) 22e ADDRESS TO FUNE should be Evaderick Rd EYP2 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) oudon emeteru DURIN anulana

Lickneck Rds. Pasa. Pd.

FOR

24 FUNERAL DIRECTOR

ully Funeral Home, Mt. &

DHMH - 16 60M 1/75

(VRA 15(4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

DAY5

INDUSTRY

Aerold

COUNTY

250. DATE REC'D. BY REGISTRAR 25b. RE.

22c. DATE SIGNED

-27-79

STATE

6			FOR STATE		PEPARTMENT OF		NTAL HYGIEN	79-005	501
d			REGISTRAR CEASED NAME FRST.	MEI	DICAL EXAMIN	ER'S CERTIFIC		REG. NO.	MONTH DAY YEAR 75 HOLLR
	War was Free		EORPRINT) WILLIAM	Aug	sustus	SHINE		OF ESTI-	MONTH DAY YEAR 76. HOUR
. <u>.</u>	ON STREET	3. SEX	M RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN YE) LAST BIRTHD	Y) MONTHS DAVE		2c. DATE PRONOUNCED DEAD	MONTH BAY YEAR 24. HOUR
	FUNERALD S FOR Y WRESTON	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WA	A	WIDOWED [DIVORCED .	BALT	O COUNTY MO
	THE THE		ESSEX	2 6	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) OF LLER	AVE	FOR M	AL OCCUPATION (TYPE OST OF WORKING LIFE)	OR INDUSTRY
21201	ANY DANY DOULD SETAIN	13a. S	MDB		13c. CITY OR TOWN	YES -		ET ADDRESS	R AVE
	DEATH.		THER'S NAME FIRST VILLIAM	MIDDLE SHI			R'S MAIDEN NAME	MIDDLE VN	* K
BALTIMORE, MD.	OURS AFTER DEATH, IF 18 GIVE PAGES 1, 2, A 3, WITH FORM PM 3, I IT PAGES 1 AND 2 SH C DIVISION OF VITAL BI	lóa V (Y	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE Y		216 09	17. INFORM	40000	ADDRESS SHIM	VE ABOVE
ST.,	N 24 HOURS I TEM 18 G ALONG WIT PERMIT. PA YGIENE, DIV		PART I DEATH WAS CAUSED	y ane cause per line BY: E CAUSE (a)	far (a), (b), and (c).)	erebral	hemour	rage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
301 W. PRESTON	WITHIN NCIE IN AINER A AINER A		Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	DUE TO, OR (b) DUE TO, OR	AS A CONSEQUENCE OF	alized is the	mic card	iovascular	dieare 5 yrs.
	ULD BE EXECUTED "PENDING". IN PEI EF MEDICAL EXAMED AS A BURIAL-I HEALTH AND MEN CREMATION, OR RE	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH E	OUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1 (g).	To Confess	
TAL REC	SHOULD BOND "PEN CHIEF ME USED A FOR HEAL INC. CREW	IFICATIO	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFORM	MED?		20 AUTOPSY? YES NO
DIVISION OF VITAL RECORDS,	THE WO TO THE TO THE ROULD BE REMENT TO BURL	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		INJURY MONTH DAY YEAR	21c. HOW INJURY	OCCURRED (ENTERN	ATURE OF INJURY IN ITEM 18 PA	
DIVISI	R: THIS CERTI IE, WRITING RWARDED 1 : PAGE 3 SH : PAGE 3 SH STATE DEPA 21201 PRIOR	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY STATE
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE A SHOULD BE FORV TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 21)		70	e of the remains desc		Autapsy , cide , Hamici		Inquiry and	in my opinion
	MEDICAL E CUTE THE C SE 4 SHOU FUNERAL E ER DEATH, TIMORE, MA	~	ACTUAL SIGNATURE CASSINATURE CAMPINER'S NAME T.C.	20 SSAN	O'DONOVAN		2014 MEDIN	cal examiner alk Ave., I	Palo, Md. 32122=
	PAG	23g.Bl	BURIAL CREMATION, REMOVAL 2	i/11/79	130. NAME OF CEA	METERY OR CREMATO	CITY O	CATION R TOWN BELAIR	COUNTY STATE
	DHMH - 17 (VR A15 ME (5)) 15M7/77	24 FI	NAME CONNE	LLY ADDRESS	300 M	ACE	ISO. DATE REC'D. BY	REGISTRAS 256. REGIS	TRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN (TYPE OR PRINT) ESTL DEATH MATED J. Clendenin SHINNICK A AGE (IN YEARS IF UNDER 1 YR 4 RACE IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED White June 19, 1912 66RS DEAD Male nuzry 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary land USA Baltimore County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS St. Joseph's Hospital Executive - Chemical Ind. Towson USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS Greens Ct. RECOR 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. utherville Md. NO IX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Merrill MIDDLE Clendenin Sadve AND Shinnick OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-03-8383 . Mr. Carl Hossfeld Balto., Md. Yes WW II APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (of, (b), and (c),) WEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate SED AS A BURIAL-TR, HEALTH AND MENT CREMATION, OR REM cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES [SHOULD BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 04 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 1 21e. PLACE OF INJURY (AT HOME. 21d, INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22e. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Homicide Undetermined manner death resulted from Suicide TO FUNERAL DIRECTED AFTER DEATH, WITH BALTIMORE, MARYLA MEDICAL EXAMINER EXAMINER'S NAME York Rd. Dr. Charles F. O'Donnell ADDRESS. 75/01 Towson. 23d LOCATION CITY BRITTING , 230 BURIAL CREMATION REMOVAL 23b. DATE 23C NAME OF CEMETERY OF CREMATORY Loudon Park (SPECIFY)Burial MENTE 1/5/79 24. FUNERAL DIRECTOR Henry W. 250. DATE REC'D. BY REGISTRAR 25b. PASISTRAR'S Jankins & Sons Co. **DHMH** - 17 1979 (VR A15 ME (5)) Balto., Md. 4905 York Road 30M 7/73

79-00502 Seller Trends in 12.50 share to printed the ninninsia

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	6	V	V	MONTH /27/83 YEAR	95	N.B.C	MONTHS DAYS	HOURS M
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	S DECEASED EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECUR	HTY NO. 17 INFORMANT	ADDRI			Δ.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 plo C p ō 0 0 per the burial-transit and Mental Hygie to Dept. FUNERAL I

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00504

ristra Malready

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST FIRST MIDDLE 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) MARTHA SIMPSON January 19 1979 3:40a 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR March 29 1896 YEAR DAYS HOURS 82 Female White BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryl and DIVORCED T WIDOWED Baltimore County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Armacost Nursing Home INDUSTRY Anneslie At Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
136 COUNTY
136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 1013 Union Avenue NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE EAST John Bull Armiger Sarah ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 6782A Hugh Brent Wilmer 1013 Union Avenue No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 9n DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 19 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (wes add) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 7501 York Road 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN STATE Buria] 20 Jan 1979 Druid Ridge Cemetery Pikesville. 24 FUNERAL DIRECTOR

Burgee Funeral Home, Baltimore, Maryland

DHMH-16 50M 7/77

(VR A 15 (4))

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signed by the attending physician and campletely filled in by the hen please remove carbanpapers. Pages I and 2 should be filled wi

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law erained by the haspital or attending physician.

es that the death certificate be executed within 24 hours aft

11/1/5	
X	

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00505

- STATE REGISTE	AR		VII ANI	CERTIF	CATE OF DEATH	REG. N	10.		
1. DECEASED N			WIDGLE		AST	20. DATE OF DEATH	MONTH O	AY YEAR	6:15
	George		C.	SIN	N	January	12. 1	979	0.131
3. SEX		4. RACE		5 DATE O		6. AGE (IN YEARS LAST BIF		IF UNDER 1 YEAR	IF UNDER 24
Mal	е	Whi	te	Oct		82	YRS.	ONTHS DAYS	HOURS
	STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
Marvl	and	U.S	. A .	WIDOWE		. Dall Figure	e Coun	ty	
IO CITY OR TO		11. NAME OF	HOSPITAL, NURSI	ING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	F BUSINESS
Tows	on		Joseph Ho			(TYPE OF WORK FOR MOST	OF WORKING LIFE	Cred	5 4
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(YES, NO OR U		IVE WAR OR DATES)	16b SOCIAL SEC		17. PETMAT M.				
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OR CONTE	DENT WAS UNDERLYING HBUTING CAUSE OF D NOTIFY MEDICAL EXAMINE	DEATH HOUR A	OF INJURY ,M. MONTH [.M.	DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJI	JRY IN ITEM 18, PA	RT 1 OR PART 2)	
2	RY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR TO	WN	COUNTY	STAT
22a. I cer	tify that ID (this has the deceased alive (Jan Jan I	19_	.19_, on	19 , 19 78 d that in (My) (aur) apinio DEGREE ATTENDING PHYSICIAN	, to Jan	\FF		SIGNED
	S. Costa,				7620 York R		Md. 2	1204	
23a. BURIAL, CI	REMATION, REMOVA	AL 23b. DATE	23c	NAME OF C	EMETERY OR CREMATOR	23d. LOCATION			STATE

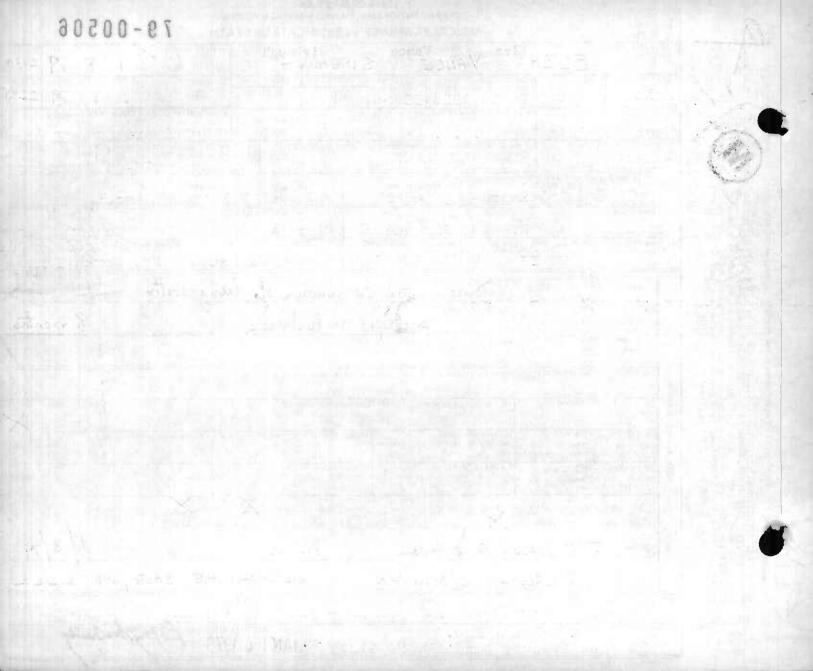
DHMH - 16 50M 7/77 (VR A 15 (4))

ROBERTOR. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME Elza Sirbaugh KNOWN X 20. DATE 26 HOUR (TYPE OR PRINT) OF ESTI-VANCE SIRBAUGH 2130 SEX 4. RACE . DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DAY 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED Male White 2245 28 1920 58 DEAD To. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED West Virginia U.S.A. WIDOWED X Baltimore County DIVORCED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Dundalk Bank Street 7815 Driver-Davidson Transfer USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY FIMITS? 13e. STREET ADDRESS BALTIMORE, MD. 21201 Maryland Baltimore Dundalk 7815 Bank Street NO Z 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE OF XI Nelson Sirbaugh R. Scheffmaker Nettie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRES 816 Waddell Rd. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 236-12-4549 WW II Eugene Sirbaugh - Ft. Worth, Texas 18. CAUSE OF DEATH (Enter anly one cause per line for (α), (b), and (ε).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL YES [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains described obove, held an Autopsy Inspection and in my apinion TO FUNERAL DIRECTO
AFTER DEATH, WITH TH
BALTIMORE, MARYLAND death resulted fram: Natural causes Hamicide Undetermined manner TITUE (SPECIFY) DATE MEDICAL EXAMINER SIGNED EXAMINER'S NAME BALTO. ROSSHN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY -1/12/79 Gardens of Faith Baltimore, Burial Maryland BP 24. FUNERAL DIRECTOR Duda-Ruck, ADDRESS To. 25a. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 7922 Wise Avenue, Dundalk, MD 21222 15M7/77



STATE OF MARYLAND

#16b, FilmG529 3/9/79 kam

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Bruzdzinski Funeral Home PA 1407 Old Eastern Ave EB

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

79-00508

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26. HOUR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

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CERTIFICAT

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) Frostie SMITH January 10, 1979 1:30P E. 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS Female 1894 White March BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLAGE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Maruland USA DIVORCED I IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

St. Joseph Hospital Towson Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? MD Baltimore NOF 4 FATHER'S NAME

3838 Roland Ave 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIGGLE LAST Unknown Schmid Unknown Attorney Witfred T. McQuaid (Apt. 101 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

25 Acorn Cr. Court House Sg. Apts. 21204 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Refractory Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF Hepato Renal Syndrome Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21f. LOCATION CITY OR TOWN

YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOX

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Jan.

Jan. 10. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

22a.1 certify that 20) (this hospital) attended the deceased from sow the deceased alive on 10, 19 obove. (1) (we) (did) (did) oi) view the body after death. 22h. SIGNATURE DEGREE ATTENDING MEDICAL

DIRECTOR PHYSICIAN & · PHYSICIAN

. DATE	SIGNED	
2	10/9	779

STATE

22d. PHYSICIAN'S NAME (TYPE OFFRINT) Beatriz P. Dizon. M.D.

NOT WHILE

FIRST

620 York Road Towson, Md. 21204

(SPECIFY)	236. DATE	230. NAME OF CEMETER! C	OR CREMATORT	CITY OR TOWN	COUNTY	
Burial	1/15/79	Druid Ridge	Cemetery	Pikesvil	lle Balt.	N
24. FUNERAL DIRECTOR Loring 8728 Libertu Rd.	Byers Funera	al Directors,	P.A 250 DATER	EC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	TURE
8728 Liberty Rd.,	Randallstown	1. MD 21133	JAN	1 6 19/9	progrey/100	ne

DHMH - 16 50M 7/77 (VRA 15 (4))

January 10, 1979 1:301

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requires that the death certificate be executed within 24 hours after death. Page 4 may be nding physician and completely filled in by the funeral corbonpopers. Pages 1 and 2 should be filed within 77 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 medical examiner should be detached for use as the buriol-transit permit. Then please remave as with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, v IMPORTANT: If Hem 21 is morked or Item 18 shows any O HOSPITAL OR ATTENDING PHYSICIAN: The lo etoined by the hospital or ottending physicia TO FUNERAL DIRECTOR: After this

injury, ar other traumatic event, the

poge 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-00510

1		STATE REGISTRAR				CERTIF	ICATE OF DE	ATH		EG. NO.	0010	
	1. DECE	THE PARTY OF THE P	FIRST JISE		LSIE		MITH		Jan.		L979	26 HOUR A 7:00 M
	3. SEX	Female		4 RACE Whi	te	5. DATE C MONTH 5/1	DAY	YEAR	6 AGE (IN YEARS	YR		
5	cou	THPLACE (STATE OR FORE JNTRY) Penna		U.S		WIDOWE		ORCED 🗌		imore	County	MD.
1	I	or town of DEATH Dundalk		311	HOSPITAL, NURSIN H FACILITY, GIVE STREET B Dunglo	OW RC			12a USUAL OCC	MOST OF WORKIN		OF BUSINESS OR
5	13a ST	Md.	Bal	TY	Dundall	N		ио 💢 ои			ow Rd.	21222
U	7	HER'S NAME Willis	(AIDDLE G •	Wert		Mar	rst Y	_ M	ne ADDRESS		ken
1	(YE	AS DECEASED EVER IN S, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECU 216.10.		Mrs.		ginia S		able==A	s in 13
		Canditions, if ony, or gove rise to imme cause 10), stating underlying cause	ediote the last	DUE TO, OI		ENCE OF						
2	RTIFIC	90 DATE OF OPERATION			TION FOR WHICH	OPERATIO				O B INCE	RTIFYING CAUSE	
1	MEDICAL	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE WHILE NOT WHILA AT WORK AT WORK	USE OF DEA EXAMINER) D	P. 21e PLACE	m. MONTH DA M.	AY YEAR 19 FARM, ETC.)	21f. LOCATIO STREET			OF INJURY IN ITEM	COUNTY	STATE
		220. I certify that (I) (t saw the deceased above ((I) (we) (dia 22b. SIGNA URE)	allye on		12 19	((- ,	DEGREE	ITENDING S		STAFF		, that (I) (we) last e causes stated E SIGNED 5/1979
1		James J.		4	ps, M.D		333 St		ıl Plac	e, Ba	lto., M	d 21202
776		JRIAL, CREMATION, R					EMETERY OR C		23d. LOCATIO	NO.	COUNTY	STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

Burial 1/27/1979 Parkwood Ce

Property State Sta

Md. JAN

n signed by the ottending physician Then please remove carbananase.

should be detached for use as the burial-transit permit. Then please remove carbanpe with the State Dept. af Health and Mental Hygiene priar ta burial, crematian, ar rema

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, or oth

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00511

	TE GIOTRAR					REG. NO).			
	CEASED NAME FIRST	WIDDLE	(AST		20 DATE OF DEATH	NONTH DA	Y YEAR	2b. HOU	JR
1	MARGARI	ET E.	S	MITH	100		1 8	79	6	PM
3 SE		4 RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTH		FUNDER 1 YEAR	IF UNDER	. 101
	FEMALE	BLACK	MONTH		YEAR	90	£ 1	ONTHS DAYS	HOURS	MIN,
70 B		76 CITIZEN OF WHAT COUN	ITDV2 8	20	1882		INJ.	DEDEATH		
(4. 0	OUNTRY)		MARRIE	D NEVER MA	ARRIED -	9 BALTIMORE CITY OF				
	Wash., D.C.	U.S.A.	WIDOWE		ORCED	BALTIMOR	E COUN	TY		MD.
10. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NI (# NOT IN SUCH FACILITY, GIVE 		OR OTHER INSTIT		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		12b. KIND O	F BUSINE	ESS OR
	CATONSVILLE	LITTLE SIS		THE POOL		HOMEMAKER		TI TO OSTRI		
USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	1000	- 1-					
130	STATE D.C. ISE COUN	and the same of th	TOWN	13d INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS	מביע כיד	ਾਦ ਦਾ ਹ		
14 F	ATHER'S NAME	OCA L INN	011.	15 MOTHER'S		16 N. HAR	AET 21	KEEI		-
1	FIRST M	AIDDLE LAS	T	FIF	RST	MIDDLE		IAS	T	
	ROBERT	Magru	DER		IZABETH			UNKN	OWN	
	WAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	SECURITY NO.	17 INFORMAN	T	ADDRES	SS			
	NO	579-	44-6201	SR. J	HTIOU	601 MAIDEN	Сного	E LANE	- B	ALTO
	18 CAUSE OF DEATH (Enter onl	ly one couse per line for (a) (b) and (c)					APPROXI	MATE INTER	RVAL
	PART I. DEATH WAS CAUSED	D BY. 2	1º - Fr	1 000	. 6	Varculu	. ,	BETWEEN	2NSET AND	DEATH
	IMMEDIATI	E CAUSE (o)	colena		E 0 V 02	V COT CELLE	<i>N</i>			
	736-	1 the Pa	6							
	Conditions, if any, which	(16) CE E	eiden	(.	tis lon	1 of ma	the pr	4		
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	FOUENCE OF	2			n of			
	underlying cause lost	6,700		evelva	of dar	nace Cens	Liter			
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED T	O THE TERMIN	VAL DESEASE OR COND	ITION GIVE	N IN PART 110	11	
Z										
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	120a AUTOPSY?	20b. IF YES.	WERE FINDIN	IGS USE	0
FIC							IN CERTIFY	ING CAUSES	OF DEAT	TH?
RT		THE OF BUILDY		Tat Howen	100000000000000000000000000000000000000	YES NO	YES		NO [
_	OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	ZIC HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PAR	RT 1 OR PART 2)		
EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	1000						
ED	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION	1	CITY OR TOW		COUNTY	-	TATE
\$	AT WORK AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, PARM, ETC.)	STREET		CITORIOW		COUNT	21	AIE
	22a.1 certify that (I) (this haspit	nl) attended the deceased f	rom 4	A	10 2 2	in Fan	0	070	that (I) (ue) Ince
	sow the deceased alive an	1 m m	0 0	nd that in (my) (c	our) apinion de	eath accurred on the day	le and have			
	above. (1) (we) (did) (did not	view the body after death.			, -p.mon de		ond noor			Jieu .
	22b. SIGNATURE		//	DEGREE	TENIDING	MEDICAL		22c. DATE	SIGNED	
	Tarret	ley (moke	early !	M. O PH	YSICIAN D	MEDICAL STAFF	AN 🗌	1.9	.79	7.
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	1	22e ADDRESS		- 1	_	1		
	STANLEY	ANRUDIA.	2	11016	naros	n Choice	La.	Dall.	0 21	224.
23a.	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION		OUNTY	SI	ATE
	BURIAL	01-11-79	NEW CAT	HEDRAL	CEM.	BALTIMORE			YLAN	D
24 F	UNERAL DIRECTOR			21229	25a. DATE	REC'D. BY REGISTRAR Z			185	1
	NAME	HOME, INC. 41			JAN	1 1 19/9	profit	7	1	
1 14										

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR:

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79-00511

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	A THE PROPERTY OF SAME	h7hm=1.	no to	14		

STATE OF MARYLAND

1 - STATE REGISTRAR	OEF ARTA	CERTIFICATE OF DEATH	REG. NO.	-00512
	RGIE (nmn)	SMITH		1-18-79 3 4
Female	White	April 17,1911	6 AGE (IN YEARS LAST BIRTHDA	YRS.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE NEVER MARRIED WIDOWED DIVORCED	Baltimore City or C	
Ruxton	Manor Care Nu		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewi	
Maryland Ha	pme or other institution give residence before county 13c city or tow arford BelAir	YES X NO		y Village Road
Samuel	Hailey	Eva FIRST	MIDDLE	Poole
16a WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) NO	S. ARMED FORCES? 166 SOCIAL SECU 218-09-		Smith, Bel	
Conditions, if ony, white gove rise to immedia couse to immedia couse to underlying couse to	DUE TO, OR AS A CONSEQUE te DUE TO, OR AS A CONSEQUE te DUE TO, OR AS A CONSEQUE	selvoter Car	dis Jacculo	u desease
PART 2 OTHER SIGNIFIC. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	IN CONDITIONS CONTRIBUTING TO S	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSÝ? 20	ION GIVEN IN PART 1(0) DIE IFYES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA- 21d. IN JURY OCCURRED	OF DEATH HOUR A.M. MONTH DA	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased of above, (1) (we) Jdid) (c	hospital) attended the deceased from	, and that in (my) (our) opinion	death occurred on the date	
226. SIGNATURE	tu T. Kees	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	??t. DATE SIGNED

231 NAME OF CEMETERY OR CREMATORY

BP DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate hos been signe should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur MPORTANT: If Hem 21 is morked or Item 18 shows ony

retained by the hospital or attending physician

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md.

Jan. 20, 1979

23b. DATE

236. BURIAL, CREMATION, REMOVAL Burial

23d LOCATION CITY OF TOWN S Bel A BelAir Mem. Gardens Harford Air

STATE Md

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

filled in by the funeral director, page 3 auld be filed within 72 hours after death

completely

nding physician and carbanpapers. Pages

been signed by the atter

IMPORTANT; If Nem 21 is marked or them 18 shows any injury, ar other traumatic event, the medical examine, must be notified or once.

should be detached for use as the burtal-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene priar to burtal, cremation, ar remaval.

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

STATE OF MARYLAND

70-00513

9	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	000		
		CEASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH	AONTH DAY	YEAR	26 HOUR
	(ITPE	MARY	F.	SOUTH	ARD	1	28	79	12:40R
	3. SE)		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		DER I YEAR	IF UNDER 24 HRS
		+	W	H	PRI/ 1 1845	83	YRS.	S DAYS	HOURS MIN
~	7a. BII	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	PEATH	
2/	A.	W JERSEY	USA	WIDOWE		BALTIMOR	RE COUN	ITY	MD.
-	10. CI	TY OR TOWN OF DEATH		AL, NURSING HOME (OR OTHER INSTITUTION	120. USUAL OCCUPATIO	WORKING LIES IN	L KIND O	F BUSINESS OR
Y		TOWSON	GREATER BA	LTIMORE	MEDICAL CEN	TER HOLLEKER		Hot	
15	J3a. S	AL RESIDENCE (IF NURSING HOSTATE	ME OR OTHER INSTITUTION, GIVE RES	YOR TOWN	13d. INSIDE CITY LIMITS?	130 SIREET ADDRESS	IRLAN GI	REEN	DR.
3	14 FA	THERE HAME	OIE /	EAST	15 MOTHER'S MAIDEN NAM		Workm	HA!	N .
1		VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YE	S GIVE WAR OF DATES)	-16-3838	· FAMILU K	FLOKUS	SS		
	Z	Canditians, if any, whice gave rise to immediate cause (a), stating the underlying cause las	the tee DUE TO, OR AS A	CONSEQUENCE OF	DIAL INFARCT		ITION GIVEN IN	3	MATE INTERVAL ONSET AND DEATH
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NQ.□	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	NGS USED OF DEATH?
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A.M. M	ONTH DAY YEAR	21c. HOW INJURY OCCURRI		IN ITEM 18, PART 1	OR PART 2)	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJ AT HOME, STREET, FAC	JRY FORY, OFFICE, FARM, ETC.}	21f. LOCATION STREET	CITY OR TOW	N C	OUNTY	STATE
	N		re an 128		28, 1979 nd that in (my) (<u>aur)</u> apinian d	eath accurred an the da	te and hour and		that (I) (we) last causes stated
		22b. SIGNATURE	Willer		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F V	1-28	SIGNED
1	N	DR.H.WEB			TOWSON, MA	NORTH CHA		TRE	ΕT
	23a. B	SURIAL SREMATION, REMO	23b. DATE 2-1-79	1	EMETERY OR CREMATORY	23d LOCATION INOTIONN EMS	Fail cou	v. V.	STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 EUNERAL DIRECTOR EVANS FUN TUHERA!

JAN 30 1979

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YTHING BOMITHS THE ENGLISH SHEET

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JANES STENSON

STATE OF MARYLAND

. It is represented by L. S. Bigrasomic C. L. na. L. L. vill

Singleton Funeral Home, Glen Burnie Mr

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

1 - STATE

(VR A 15 (4))

79-00515

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				3.3			Carlina.	251
		Combalancy Salmoy	PATRIONS NOT				is is	ion (=

8728 Liberty Rd. Randallstown, Md. 21133

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ATTENDING PHYSICIAN: The low

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00517

	REGISTRAR	CERTIF	FICATE OF DEATH	REG. NO	D.	
١	DECEASED NAME FIRST	WIDDLE	LASI		MONTH DAY YEA	26. HOUR
	MARE	L K. SORA	DBROW		1-17-7	9 10 130 %
	J. SEX Female	White Au	OF BIRTH DAYTH YEAR 1878	6. AGE (IN YEARS LAST BIRTI		EAR IF UNDER 24 HRS AYS HOURS MIN
1	COUNTRY)		D NEVER MARRIED	9 BALTIMORE CITY O		
1	Canada	U.S.A. WIDOWI		Baltimore 120. USUAL OCCUPATION		MD.
)	Randallstown	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Chapel Hill Nursing	Home	TYPE OF WORK FOR MOST OF Homemaker		
5	130 STATE 13b. COUNT Maryland Balti 14 FATHER'S NAME FIRST MI	imore Pikesville	13d INSIDE CITY LIMITS? YES NO NO IS MOTHER'S MAIDEN NAM FIRST	MIDDLE	All the same	1208
9	Thomas Dale			en Lamb		
	(YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	3809 Sulvan D	r. Balto.		
		y one couse per line for (a), (b), and (c).	10003 Dy Loun D.	P. Davio.		ROXIMATE INTERVAL EEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED IMMEDIATE	BY:	ARREST		No.	NUTES
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) ARTER/OSC DUE TO, OR AS A CONSEQUENCE OF	LEROTIC C	.V. DISE	mse Yë	FANS
		ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PAR	110)
2	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO Ø	20b. IF YES, WERE FIN IN CERTIFYING CAU YES []	
	0.0000	HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART † OR PART	2)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	220.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not	1/17 1975 0	nd that in (my) (and) opinion d	to // / /	, 19.75 ite and hour and from	, that (I) (we) last the couses stated
	226 SIGNATURE Man 53.		PHYSICIAN	MEDICAL STAF		1/17/79
	22d. PHYSICIAN'S NAME (TYPE ORF	F. STORESEL	PEISTERS	TINV	ms	
	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
	Entombment	1/20/79 Druid I	Ridge Cemetery	Pikesvill	e Balto	Md.
	74 FUNERAL DIRECTOLORING E	Byers Funeraless Directo	ors. P.A. 250 DATE	REC'D. BY REGISTRAR	250. REGISTRAR'S SALI	Chesdy

8728 Liberty Road Randallstown, Maryland

BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burnal-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

must be natified at ance

medical

IMPORTANT: If them 21 is marked at Item 18 shaws any injury, at other traumatic event, the

	- 1				STATE OF MAR	YLAND			
		1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AN CERTIFICATE O		NE 79.	-00518	
poge 3		1. DE	CEASED NAME FIRST OR PRINT) THOM AS	Bradeon	Stacey		20 DATE OF DEATH M	ONTH DAY YEAR 79	26 HOUR 2:10 P
4 00		3. SE	X 4.	RACE WHITE	S. DATE OF BIRTH /		AGE JIN YEARS LAST BIRTHI	MONTHS DAY	
death. Page uneral direc hin 72 hours	58	- C	OUNTRY)	U.S.A.	MARRIED NEVI	DIVORCED [BALTIMORE CITY OR		M
	58		TOWSON	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, ST. JOSEPH HOSE	DITAL		20 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF T retired c	WORKING LIFE) INDUSTR	
and big	3F		AL RESIDENCE JE NURSING HOME OR OT STATE 136 COUNTY aryland Balti	Total Citt Ok 10 H		E CITY LIMITS?	36 STREET ADDRESS 9027 Old	Harford !	Road
ond 2 sh	30		Thomas Bra	deon Stace		ER'S MAIDEN NAMI FIRST ctrude	MIDDLE H.	Round	dy
S. Poges 1	1		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA YES W.W.	AR OR DATES)		MANT a J. Sta	addres	01d Har	ford Rd
i signed by the attend Then please remave co to burial, cremation, a njury, ar ather traumal		NO	Conditions, if any, which gave rise to immediate couse (01, stating the underlying couse lost	due to, or as a conseque	VD (COPD -	Myoe. IN F		YEARS
ite has been nsit permit. I rgiene prior shows any it	2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PER	RFORMED	200. AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO
ottending physicio ter this certificate b the burial-transit ond Mental Hygie rked or them 18 sha	9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	/ INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
ter this of the build hand Me		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCA STR	ATION	CITY OR TOWN	COUNTY	STATE
TOR: Affor use of Healt			220.1 certify that (1) (this hospital) saw the deceased alive on above, (1) (we) (did) (did not) v	January 2			, to January oth occurred on the dot		_, that (1) (we) last he causes stated
by the hospital ERAL DIRECTOR e detached for u State Dept. of He NNT: If frem 21 is			22b. SIGNATURE YOU WA	uders)	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF	_/ 1	-2-79
TO FUNERAL Ishould be deto with the Stote IMPORTANT: H	1		22d. PHYSICIAN'S NAME (TYPE OR PR		22e. ADD	. 1	SEPH HOS	PITAL	
		(BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
16 50M 1/76		_	Burial UNERALDIRECTOR	- CARRES	lington l		Arlingto		Virgin
(VR A 15 (4))		C	rassun 717	7401 /3Wais	rd.	NA.	0 10/0		

Comment Commen

AP. JOSEPH HORSENAL

director, page 3 hours after death

completely filled in by the funeral it I and 2 should be filed within 721

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical examiner must be positived at ance.

been signed by the attending physicion and cormit. Then please remove corbanpapers. Pages I

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remaval.

OR ATTENDING PHYSICIAN: The low

physician

attending

etoined by the hospital or

TO HOSPITAL

4 moy be

executed

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00519

	1-	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	79-0	10519		
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
1		Edna	М.	St	air	1/31/79		8:20AM	
N	3. SE)	-	4 RACE	-	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
1	7	EMALE	WHITE	777	4 2 1923	55	MONTHS DAYS	HOURS MIN	
	7e: Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH		
2		MD	INSH	WIDOW	ED DIVORCED	Baltimore Cou	inty	MD.	
		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET GBMC, 6701 N. C.	ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		bon	
5	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OF 13h, COUN			13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	AlE		
1	14 FA	THER'S NAME FIRST OSSPH C	Stocks DA	VE.	15. MOTHER'S MAIDEN NAME FIRST	→ MIDDLE	Thson "	ST	
-		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI	RMED FORCES? 16% SOCIAL SECU (E WAR OR DATES)	JRITY NO.	PRESTON 7	ADDRESS TAIR	west	mins tex	
	ATION	Conditions, if ony, which gove rise to immediate couse (oi), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH	DEATH BUT		INAL DISEASE OR CONDITIO	IF YES, WERE FIND!	NGS USED	
4	MEDICAL CERTIFICATION					YES NOT	CERTIFYING CAUSES YES	NO [
7		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)		
		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		22a.1 certify that (I) (this hospital) attended the deceased from 1/27/79, 19 to 1/31/79, 19 sow the deceased alive on 1/31/79 19 ond that in (my) (our) opinion death occurred on the date and hour and from the above, (I) (we) (did) (did not) view the body after death.							
		22b. SIGNATURE	Shafis		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [7 10	SIGNED	
	Ņ,	S. Shafik,			GBMC, 6701 N.	. Charles Stre	et 21204		
	23a 8	BURIAL, CREMATION, REMOVAL	236. DATE 23c 1	NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Westminste	CARROL	I FIND	
	24 FL	INERAL DIRECTOR POLICE PRINCE	the for Westin	unist	In mel PE	E REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNA	TURE	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

79-00519 white the product of the same the state of the state of the state of Joseph L. C. Land Williams Smithson Charles In Stain Westernitze Durial Durial Willey Herman Drewell Miles Notes Hall But the marting and the street of the street FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00521

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	YEAR 26 HOUR
(TYPE OR PRINT) EDNA	M.	STEEDMAN	January 13, 197	9 8:05P.M
SEX	4 RACE	5. DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS
Female	White	July 10, 1898 YEAR	80 YRS.	ONIHS DAYS HOURS MIN
BIRTHPLACE ISTATE OR FOREIGN COUNTRY Maryland	76 CITIZEN OF WHAT COUN	MARRIED WEVER MARRIED	Baltimore County	
CITY OR TOWN OF DEATH Towson		URSING HOME OR OTHER INSTITUTION STREET ADDRESS) Nursing Home	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Legal Secretary	126 KIND OF BUSINESS OR INDUSTRY
SUAL RESIDENCE (IF NURSING HOME ID. STATE 13b. CO Maryland Bal	or other institution, give residence unity of Tows	E BEFORE ADMISSION) R TOWN ON 13d. INSIDE CITY LIMITS? YES \(\text{NO} \) NO	13e STREET ADDRESS 552 Allegheny	Ave.
FATHER'S NAME FIRST Frederick	MIDDLE Kaufm		MIDDLE	LAST
WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	9-9090 A Vernon J.	Steedman Towson,	Maryland
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CON: (c) T CONDITIONS CONTRIBUTION	SEQUENCE OF	RMINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	VHICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF I	HOUR A.M. MONTH	H DAY YEAR 1	URRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive	ptial) attended the deceased in 17.11.5.5.	FIG	on death accurred on the date and hour	9, that (I) (we) lost and from the couses stated
226 SISTATURE 226 PHYSICIAN NAME (TVP)	Saulon	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/15/79
Lloyd Saylo	r, M.D.	3902 Green	nmount Ave. Balti	more, Maryland
BURIAL, CREMATION, REMOVA	AL 236 DATE	23c. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY STATE
Burial	Jan.17,1979	Holy Redeemer Cemet		Maryland

DHMH-16 60M 1/73 (VR A 15 (4))

IMPORTANT: If he

74 FUNERAL DIRECTOR
NAME
Ruck Towson Funeral Home, Inc. Towson, Maryland

Road IAN 1 8 1070

REGISTRAR 256. REGISTRAR'S SIGNATURE

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Hore a few conditions and a colony in the contract of the colony in the

ATTALL . COLD IN SO & SINE STOLEN. NO

injury, ar ather traumatic event, the

MPORTANT: If Hem 21 is marked ar Hem 18 shaws any

death. Page 4

STATE OF MARYLAND FOR STATE

CERTIFICATE OF DEATH

79-00522

		REGISTRAR						REG. NO				
		CEASED NAME FIRST OR PRINT)		AIDOLE	Š	toin		Tues 0	MONTH D	3 179	8 3 c	A M
	2 CEV	Finn	1 RACE		5 DATE O	F RIRTH	6	AGE (IN YEARS LAST LIRT		IF UNDER 1 YEAR	IF UNDER	
	3. SEX	FEMALE	WHITE		JAN	DAY YE	AR O	79	YRS.	MONTHS DAYS	HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIE	, D	BALTIMORE CITY O	R COUNTY	OF DEATH		
1	Ŕ	ÜSSIA	USA		WIDOW	DIVORCE	D 🗆	BALTIMO				MD.
1	P	TY OR TOWN OF DEATH IKESVILLE	PIK	ESVILLE N	IURS IN	G HOME		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWIF	F WORKING LIFE		HOME	:55 OK
3	130 S M	AL RESIDENCE (# HURSING HOME OF TATE ARY LAND	R OTHER INSTITUTION, NTY	BALTIMOR	ADMISSION)	134. INSIDE CITY LIM		3e STREET ADDRESS 2500 W.BE	AP LVEDE		. #21	215
1		THER'S NAME ERNARD	MIDDLE	KLOTŽKIN		JENN		MIDDLE		UNKNOW	vN	
2	16a W	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	MRS.	BERNICE				
La	N	(IF YES, GIV	E WAR OR DATES!	218-09-2	2382D	3431 EDCI	REST	RD. BAL	TO., 1	MD 2120	7 MATE INTER	
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION					VAL DISEASE OR CON 20a. AUTOPSY? YES \(\text{VO} \text{ NO} \(\text{C} \)	206. IF YES	VEN IN PART 1(5, WERE FINDII FYING CAUSES ES	NGS USE	TH?	
7	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	HOUR A.	M. MONTH D. M.	19	21f. LOCATION STREET	OCCURRE	ED (ENTER NATURE OF INJU CITY OR TO		COUNTY	S	STATE
/		270. I certify that (I) (this hosp sow the deceased alive a phase II) (we) (did) (did not be something of the sound of the	ot) view the body	19	, 00	DEGREE ATTEN	opinion d	MEDICAL STA	ote and hou			toted
	(BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	JAN.2	4,1979 BI	ETH HA	EMETERY OR CREMA	AGCOC		Le .	BALTO.		TATE MD
		UNERAL DIRECTOR SUL		ADDRESS			250. DATE	REC'D. BY REGISTRAR		TRAR'S SIGNA		14
	6	010 REISTERSTOW	VN RD.,	BALTO., M	ID 212	15	JAN	3 0 1979	prof	traymal	reody	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. BP. DHMH - 16 25M (VR A 15 (4)) 9/74

STATE OF MARYLAND 79-00523 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN LTYPE OR PRINT) EST DEATH MATED STEINMETZ 6. AGE (IN YEARS SEX DATE OF BIRTH DATE 2d HQL LAST BIRTHDAY) PRONOUNCE 6-16-191 DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA PERYLAND WIDOWED X DIVORCED BALTO COUNTY FILED, IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY UFFICE BALTO SECRETARY BE GPENTER TOALTO, MEDICAL CENTER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL APT.417 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 BALTO Lane BALTO M 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME O FIRST MIDDLE FIRST AND RACE SBOURN 046 REDERICK OF 16a. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF DEPARTMENT OF YES BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 21e. PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM FTC.) CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described obove, held an Auto psy Inspection Inquiry and in my poinion PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH T BALTMORE, MARYLAN Homicide death resulted from Natural causes Accident Undetermined manner TITLE SPECIFY DATE EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 30M 7/73

79-00524 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME LAST 26 HOUR (TYPE OR PRINT) 25 GEORGE STILLSON D. IF UNDER 24 HRS 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH HOURS May 23. 1912 Male White M BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWED DIVORCED T BALTIMORE COUNTY. IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON ST. JOSEPH HOSPITAL Mortgage Banker DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 100 Beech View Court Maryland Baltimore Towson 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIODLE FIRST Lillian Stillson Patten George ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I HE YES GIVE WAR OR DATES! 161-03-1749 Dorothe M. Stillson Same as #13. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Cardiac arrest couse (o), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? pe NOD YES [NO [buriol-transit p 71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M MEDIC 21d INJURY OCCURRED 71e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE AT WORK NOT WHILE AT WORK 22a I certify that (1) this hospital attended the degleosed from, sow the deceosed alive on above, (i (we) (did) (add) view the body after death and that in (DG) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING MEDICAL O FUNERAL D PHYSICIAN [] DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23h, DATE Jan. 27, 1979 Dulaney Valley Cemetery Cockeysville, Balto., Md. Burial 1050 York Road 250. DATE REC'D. BY REGISTRAR 256 AEGISTRAR'S AGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VRA 15 (4)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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e 1 e2185 t.				
1911 2000 N / OCC 1191				at in hi althur.
กอริวักรี	AMPEL	100 113h		9,500
. Life by strate coefficial	. 5 20 0			0

STATE OF MARYLAND

OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death.

FOR

STATE OF MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11526

								REG.			
BII		CEASED NAME	FIRST		MIDDLE	L	LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
			Georg	ge	R.	S	tohler	January :	27, 197	79	
734	3. SE			4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST I	BIRTHOAY)	MONTHS DAYS	HOURS A
	200	Male			ite	Mar	ch 12, 1931	47	YRS		
3/5	Co. Bi	Penna.	OREIGN		.S.A.	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY Baltimo			
led e	10 CI	ITY OR TOWN OF DEA	ATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS
S S		owson	-07	St.	Joseph s	Hosp	ital		cher	Balt	. City
d St.	130 5	AL RESIDENCE (IF NUR STATE [aryland	13b COUN		136 CITY OR TOW Glendale	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRES	s Baltanefford	Md. 2:	1239
exomine	14. FA	ATHER'S NAME FIRST Harvey	~	B.	Stohle	er	15. MOTHER'S MAIDEN NA FIRST MATY	WE		Rose	ST
medical	16a. V	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	185-24-5		Mary R. Lehr	er: ADD 1403	Sheff	lt., Md	2123
other troumotic event		Conditions, if any gave rise to improve to improve the course (o), stofing underlying cause	MMEDIATI which mediate ing the	(b)	DR AS A CONSEQUE		lro peritorial				
injury, or other troumotic event	ATION	Conditions, if any gove rise to immediate to, static underlying cause	which which mediate last	DUE TO, CO (b) DUE TO, CO (c) ONDITIONS C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		ONDITION GIVE	S, WERE FINDI	NGS USED
rows ony injury, or other troumotic event	TIFICATION	Conditions, if any gave rise to imicause (a), stating underlying cause	which which mediate last	DUE TO, CO (b) DUE TO, CO (c) ONDITIONS C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CC	20b. IF YE		NGS USED
em 18 shows ony injury, or other troumotic event	AL CERTIFICATION	Conditions, if any gave rise to improve rise to improve rise to improve rise to improve results of the results	which mediate in the last. NIFICANT C	DUE TO, CO (c) ONDITIONS C 19b. COND 21b. TIME C HOUR A	OR AS A CONSEQUE ONTRIBUTING TO E OITION FOR WHICH OF INJURY .M. MONTH DA	DEATH BUT OPERATIO	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	20b. IF YE	S, WERE FIND! FYING CAUSES ES	NGS USED S OF DEATH?
	MEDICAL CERTIFICATION	Conditions, if any gave rise to improve the course to improve to improve the course the	which nediate ag the last	DUE TO, C (b) DUE TO, C (c) ONDITIONS C 19b. COND 21b. TIME C H P 21e. PLACE	OR AS A CONSEQUE ONTRIBUTING TO E OITION FOR WHICH OF INJURY	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	AINAL DISEASE OR CO	20b. IF YE IN CERTI YI UURY IN ITEM 18.	S, WERE FIND! FYING CAUSES ES	NGS USED OF DEATH? NO
or Item		Conditions, if any gove rise to improve rise rise rise rise rise rise rise ris	which mediate gother last. Which mediate gother last. NIFICANT C THON DERLYING CAUSE OF DEA' ALEXAMINER) RED (this haspit ed alive an one of the control of the contr	DUE TO, CO (c) DUE TO, CO (c) ONDITIONS C 19b. COND 19b. COND P. 21b. TIME C HOUR A P. 21e. PLACE (ATHOME, ST	OR AS A CONSEQUE ONTRIBUTING TO E DITION FOR WHICH OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO OPERATIO AY YEAR 19 ARM.ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR I	20b. IF YE IN CERTI Y!	S, WERE FINDS FYING CAUSES ES PART 1 OR PART 2) COUNTY 19 79	NGS USED S OF DEATH? NO STATE
If Item 21 is morked or Item		Conditions, if any gave rise to improve to improve to improve to improve to improve to improve the couse the co	which mediate gother last. Which mediate gother last. NIFICANT C THON DERLYING CAUSE OF DEA' ALEXAMINER) RED (this haspit ed alive an one of the control of the contr	DUE TO, CO (c) DUE TO, CO (c) ONDITIONS C 19b. COND 19b. COND P. 21b. TIME C HOUR A P. 21e. PLACE (ATHOME, ST	OR AS A CONSEQUE ONTRIBUTING TO E DITION FOR WHICH OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO OPERATIO AY YEAR 19 ARM.ETC.) Janua 79 , ot	NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET ATY 14. 19 79 and that in (ray) (our) opinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO CITY OR 1 CITY OR 1 death occurred an the	20b. IF YE IN CERTIL YI JURY IN ITEM 18.	S, WERE FINDI FYING CAUSES ES PART 1 OR PART 2) COUNTY 19 79 ur ond from the	NGS USED S OF DEATH? NO STATE
Item 21 is morked or Item		Conditions, if any gove rise to imicause (o), stoful underlying couse underlying couse (o), stoful underlying couse (o), stoful underlying couse (o), stoful underlying couse (a), stoful underlying couse (ii) and iii) an	which mediate go the last. NIFICANT C THON DERLYING CAUSE OF DEA' AL EXAMINER) RED (this hospit ed alive on did) (did alive on did)	DUE TO, CO (c) DUE TO, CO (c) ONDITIONS C 19b. COND 19b. COND 21b. TIME C HOUR A P. 21e. PLACE (AT HOME, ST	OR AS A CONSEQUE ONTRIBUTING TO E DITION FOR WHICH OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO OPERATIO AY YEAR 19 ARM.ETC.) Janua 79 , ot	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET ATY 14, 19 79 and that in (resp.) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN Januar death occurred on the MEDICAL SI	20b. IF YE IN CERTIL YI JURY IN ITEM 18.	S, WERE FINDI FYING CAUSES ES PART 1 OR PART 2) COUNTY 19 79 ur ond from the	NGS USED S OF DEATH? NO STATI

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

retained by the haspital or attending physician

TO HOSPITAL

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injury, ar ather traumatic event, the

IMPORTANT: If hem 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

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1	1 -	STATE
ı		REGISTRAF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 9 REG. NO.	1-005	27	

	REGISTRAR				CERTIF	ICATE OF L	PEATH		REG. NO.	4-0	03	21	
	CEASED NAME	FIRST		WIDDLE		AST		20. DATE OF DE	ATH MON	TH DAY	YEAR	26 HOUR	L
100	E OR PRINT)	Freder	ick X	avier	St	urm		AL DU	1	. 12	79	4,30 4	The
3. SE	X		4 RACE	Sept 1	5 DATE C		The same of	6. AGE (IN YEARS	LAST BIRTHDAY		DER I YEAR	IF UNINT 24 H	
	Male	mar.	C	au.	MONTH O2		98	80		YRS.	S DAYS	HOURS MI	
	IRTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER A	MARRIED [9 BALTIMORE	CITY OR CO	OUNTY OF D	EATH		
	Baltimore	. Md.	US	A	WIDOWE		VORCED [Baltim	ore C	ounty,		-3	MD.
	ITY OR TOWN OF			HOSPITAL, NURSIN		R OTHER INST	ITUTION	12a USUAL OC	CUPATION	1 12	L KIND C	F BUSINESS	OR
	Catonsvil	le /		n the Pin		tonsvi	lle	Pipefi		MKW-O (ME)	DOSIKI		
USU 13a	AL RESIDENCE (IF	NURSING HOME OR		GIVE RESIDENCE BEFORE		13d, INSIDE C	ITY HAAITS?	13. STREET ADE	DRESS				
	Maryland	A	-17	Baltimor		YESXX	NO []	702 Har	monds	Ferry	r Roa	ıd	
14. F.	ATHER'S NAME		AIDDLE	LAST			MAIDEN NAM		IDDLE	E W	LAS	· ·	
	Joseph		NID DEC	Sturm		An			DOLL	Unl	know		
160	WAS DECEASED EN	ER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDRESS P	Ellico	tt C:	ity,210)43
	YES NO OR UNKNOWN	WW I	& II	212-05-72	279	Mr. R	oland S	Sturm, 4	240 He	ermita	ge D	r.	
	18 CAUSE OF DE	ATH (Enter on	y one couse per	fine for (0), (b), and	1911	. / _	1 112	1 - "	0	Nest	APPROX	MATE INTERVAL	н
	PART I. DEATI	H WAS CAUSE!	E CAUSE (0)	const	Jez.	unh	- nr	amo	4	11000			
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	underlying co	ouse lost.	(0)	HAY	シノナ	ad-1	nigo	0011	· m	Jers !	me	1/	
	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	RCONDITIO	ON GIVEN IN	PART V	01	
CERTIFICATION									4		1		
3	190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPS		b. IF YES, WEI			
# E									0	YES 🗌		NO 🗆	
	210. ACCIDENT WAS	Designation of the latest and the la	21b. TIME C	OF INJURY M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURI	OF INJURY IN I	ITEM 18, PART 1 C	OR PART 2)		
18	(IF EITHER, NOTIFY M			Μ,	19	1						with the	
MEDICAL	21d. INJURY OCC		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATIO	NC	cr	Y OR TOWN	C	YTAUC	STATE	
1	AT WORK A	T WHILE T			17 12	70			071	a			
1				e degesed from_	7-0	010	., 19	, to	40	19_		that (I) (we)	
	sow the dec obove, (1) (w	eosed plive on e) (did) did no	view the body	ofter death.	, 01	nd that in (my)	(our) opinion (death accurred a	n the date a	and hour and	from the	causes stated	
	22b. SIGNATURE		- 10	11/-		DEGREE	TTENDING /	MEDICAL	CYAFE		22c. DATE	SIGNED - 74	
		111	7		100		PHYSICIAN E	DIRECTOR [PHYSICIAN		1-15	1	
	22d. PHYSICIAN'S					22e. ADDRES		. A T)	-7 4 tm.	omo Mi	٦ ٥.	1220	
	Dr. G	eorge A	mgov			3350	wilkens	s Ave. B	al time	ore, M	u. 2.	1227	
	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE		IAME OF C	EMETERY OR	CREMATORY	23d, LOCATIO	N WH	COUN	TY	STATE	
	Burial		1/15/7			n Pk. M	ausoleu	ım Balt	imore	City,		ryland	
24 F	UNERAL DIRECTO			ADDRESS	229		IAI	REC'D. BY REG	STRAR 256.	111		73 6 1	
	Hubbard	Funera	1 Home,	Inc. 4107	7 Wil	kens Av	e. JMI	14 7 6 131	9	frifte	ym	Justy	

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

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(TYPE OR PRINT) George Angelo Sudano January 4, 1979 I. SEX 4 RACE 5 DATE OF BIRTH MONTH 1926 Male White June 4. TO BIRTHPLACE ISTATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CAMPLEY USA WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Frankith Square Address Essex W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Md. YES TX NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Orazio Sudano Sarah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mrs. Hedwig A. Sudano no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Cardio Pulmonary Arrest IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Failure Conditions, if ony, which gave rise to immediate other cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last Post Myocardial Infarction 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? à NOX Mental Hygi 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL buriol (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY ā AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE AT WORK olanuary 220.1 certify that (1) (this hospital) attended the deceased from January saw the deceased alive on Lanuary 7 ä and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death should be detached 22b. SIGNATURE DEGREE * MEDICAL MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Kai Fu Chow, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE CITY OF TOWN (SPECIFY) Burial Jan. 8, 1979 Most Holy Redeemer Baltimore

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00528

20. DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR OAYS HOURS MIN.

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR

(TSEATWORK FOR MOSA OF WORKING LIFE) "Disabled

4617 Charles Avenue

Vintz

same

APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOF

YES [

COUNTY

COUNTY STATE

22c. DATE SIGNED

DIRECTOR PHYSICIAN

STATE

ADDRESS

Leomard J. Ruck Inc. Baltimore. Maryland

Md REGISTRAR 256. REGISTRAR'S SIGNATURE intra Malready

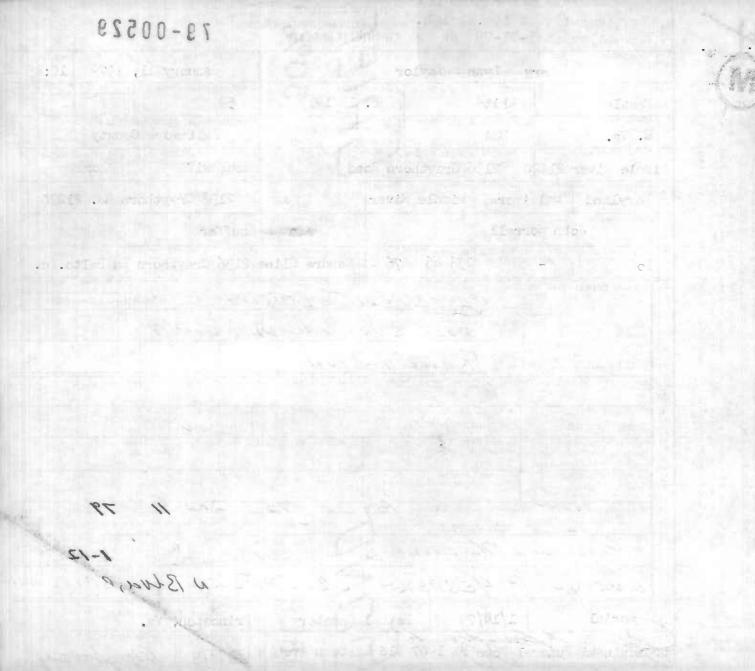
STATE OF MARYLAND

CERTIFICATE OF DEATH

FOR Items 18a. & 19a. & DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

REGISTRARI1m#531 5-31-79



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00530 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) 13. HENRI 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAYS HOURS Male 1913 Caucasian Nov. 24. 65 years yes BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED XXNEVER MARRIED Baltimore County NorthCarolina U. S. A. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Superintendent Balto.Conc Balto. Co. Gen. Hospital Randallstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

13b. COUNTY

13c. CITY OR TOWN 13g. STATE 4951 Wards Chapel Road 13d. INSIDE CITY LIMITS? 0 Baltimore Owings Millses Marvland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Margaret MIDDLE Ballinger William Blair Mrs. Katie Terrell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Pages (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) W.W. 2 237-07-3043 Chapel Rd. Owings Mills, MD 2111; Wards yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. IFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? YES [urial-tronsit Mental Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from sow the deceased alive an. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS ld b Shoul 0 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE STATE COUNTY Burial Lake View Memorial Pk. Sykesville Carroll MD 24. FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 250. DATE REC'D. BY REGISTRAR 25b. PERISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VRA 15(4)) 8728 Liberty Rd., Randallstown, MD 21133

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

75 8		FOR STATE REGISTRAR			DEPARTMENT		H AND M	ENTAL HY		9-00	532	
SE. SS. :SS. :		CEASED NAME OR PRINT)	E FIRST ALBE	RT	EDWARD	TH	OMAS,	SR.	20. DATE K OF DEATH	NOWN MON ESTI- MATED []	TH DAY Y	79 26. HOUR
ARY, PLEASE L DIRECTOR. YOUR FILES. N 72 HOURS TON STREET,	3. SEX	ale	4 RACE white	5. DATE OF BIRTH	VEAR LAST		NDER 1 YR.	IF UNDER 2	4 HRS. 2c DATE PRONOUNCE DEAD	ED	H DAY	79 7:20
SE S	Bal	RTHPLACE (S REIGN COUNTRY) timore	Md.	76. CITIZEN OF WI		WIDO	WED 📑	VER MARRIE DIVORCEI	Balt:	Lmore Co	unty	MI
(× 5 × 00			xdciax	16123 H	anover R	d.	HER INSTITU	0.0	12a USUAL OCCUPA FOR MOST OF WORKI Maintenan	NG LIFE)	Hospi	DUSTRY
SHOULD SH	13a. S	Md.	136. COUN Bal		13c. CITY OR TO	NWN	13d. INSIDE (NO B		s anover R	oad	
MORE, MD. TER DEATH. PAGES 1, 2 FORM PM 3 S 1 AND 2 S 1 AND 2		John	D EVER IN U.S. AR.	MIDDLE	Thomas			er's maiden first lentina	MID		uchanek	
BALTIMO URS AFTER B. GIVE PA WITH FOI WITH FOI DIVISION	(Y	no, or unkno	OWN) (IF YES, GIVE	WAR OR DATES)	215-03-	5670			e Hubbert			Md.
ST. N. H.O. ST.		PARTIDE	ATH WAS CAUSE	TE CAUSE (a) Ca	rbon mon AS A CONSEOU	oxide i	ntoxio	cation			BETWEEN	ONSET AND DEATH
OI W. PRESTON UTED WITHIN 24 N. PENCIL IN ITER RALOIR RAL-TRANIST PER MENTAL HYGIE OR REMOVAL	7	gave ri	ns, if any, which se to immediate) stating the <u>under-</u> use last.	(b)	AS A CONSEQU					No.		
DS, 3	NO	PART 2 OTHER S	GNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT NOT RELATED TO 1	HE TERMINAL DISEA	SE OR CONDITIO	ON GIVEN IN PART	1 10			
VITAL RECOR	MEDICAL CERTIFICATION		OPERATION	19b. CONDI	TION FOR WHICH	OPERATION V	WAS PERFOR	RMED?			20 AUTO	DE NO
CERTIFICATE SHE CERTIFICATE SHE CERTIFICATE SHE DED TO THE CH S 3 SHOULD BE DEPARTMENT OF PRIOR TO BURIAL	CAL CER	UNDERLYING CONTRIBUTI	NG CAUSE OF	DEATH ? P.M	1-19-	19 79 In	haled		from fault			
DIVISION THIS CER. THIS CER. ATE, WRITING FORWARDED DR. PAGE 3 SHE STATE DEP	MED	21d. INJURY (WHILE AT WORK		21e PLACE (STREET, FAC ho	ORY, FARM, ETC.)		ocation street 23 Hat	nover]	Rd. Arcad		alto.	STATE Md.
EXAMIN CERTIFIC JLD BE DIRECTO WITH T			fy that I taak charg	ral causes	Accident X,	Suicide], Homi	SPECIFY)	Undetermined man		**	0-79
TO MEDICAL I		EXAMINER'S (TYPE OR PRI	NT)	n M. Dixo			_ADDRESS_	111 P	enn St.	310		
Bb———	Ë	URIAL, CREMA PECIFY) Urial UNERAL DIRECT		1-23-79		of CEMETERY C		y	23d LOCATION City OR TOWN Upperco			Md.
DHMH · 17 (VR A15 ME (5)) 30M 7/73	1	NAME		ome, Hamps	stead, Me	d. 210°	74		2 5 1979		ACCUSO	ly

79-00532 Lots for general and the second secon In the secondary is the secondary in the secondary in the secondary is the secondary in the secondary in the secondary is the secondary in the secondary in the secondary is the secondary in the secondary in the secondary is the secondary in the the state of the s Telemeters 2 12 2 17 And the state of t the first of the second state of the second st TADAE IN THE RESERVE TO THE RESERVE hands office common as guarante for de dele THE RESERVE OF THE PARTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH / 9 REGISTRAR DECEASED NAME KNOWN 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED FUNERAL DIRECTOR 5 FOR YOUR FILES. 5, WITHIN 72 HOURS W. PRESTON STREET, omas 6. AGE (IN YEARS IF UNDER 1 YR 3. SEX 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Je BIRTHPLACE WHAT COUNTR MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR TOWN OF DEATH FOR MOST OF WORKING LIFE) 13a STATE 34 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FORM OF 17. INFORMAN ADDRE 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (IF YES, GIVE WAR OR DATES) OR LINKNOWN WITH APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c 18 PART I DEATH WAS CAUSED BY SED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? CHIEF Ö YES E 3 SHOULD BE UE DEPARTMENT OF PRIOR TO BURIAL NO L TO BURIAL 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M. 19 21d, INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, FORWARDED AT WORK AT WHILE STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE [PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted from: Hamicide Undetermined manner Natural causes Accident Suicide TITLE (SPECIFY INTEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 230, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY DHMH-17 20M 1/73 FUNERAL DIRECTOR (VR A15 ME (5))

mile in susting the property

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN N MONTH YEAR 2h HOUR (TYPE OR PRINT) OF ESTI-19 79 TRENE MAUDE THOMAS 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 19 79 8 1 19 female white 30 77/RS DEAD 01 TO BIRTHPLACE ISTATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) Baltimore USA Stanley. Va. WIDOWED DIVORCED County 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Upperco OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Hwf Accedia 16123 Hanover Rd. BE. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 16123 Hanover Road 13c. CITY OR TOWN Balto Md. Upperco NO F 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kite AND Andrew Virginia 17. INFORMANT Mitchell 0 ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-03-5670 Mr. Merrill P. Thomas, Owings Mills, Md no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Carbon monoxide intoxication IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? O. O BURIAL, YES K NO | BE 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 21h TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL P.M. 1-19-Inhaled fumes from faulty furnace. CONTRIBUTING CAUSE OF DEATH OR 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE **NOT WHILE** STATE C AT WORK home 16123 Hanover Rd. Arcadia Balto. Md. AT WORK X 228. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Accident A Hamicide death resulted fram Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL TO FUNERAL CAFTER DEATH, BALTMORE, MA MD Assistant MEDICAL EXAMINER 1-20-79 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b, DATE COUNTY STATE Burial 1-23-79 St. Paul's Cemetery Upperco Balto Md. 25a. DATE REC'D. BY REGISTRAR 25b. PEGIŞTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 Tinkny McCready (VR A15 ME (5)) Eline Funeral Home, Hampstead, Md. 21074 30M 7/73

AL - 1-17- Mr. second . I be at a first - Ca. e in the second of the second

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requires that the death certificate be executed within 24 hours after death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00535

12		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME E OR PRINT)	oseph		MIDDLE	omcze	wski	January 2	HINOM	DAY YEAR	26 HOUR
	3. SE	x Male		RACE White		5. DATE O	Eh 13, 1899	6. AGE JIN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
3 F		IRTHPLACE (STATE OR FO COUNTRY) Maryland	DREIGN 7	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D X NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	OR COUNT		MD.
O Contract		ity or town of DEA dgemere	ATH 1	280 Do	HOSPITAL, NURSIN	G HOME (21219	120. USUAL OCCUPAT	ION DE WORKING I	126. KIND O	of BUSINESS OR
must be	USU.	AL RESIDENCE (IF NURS STATE Md	Balt	other institution	134 CITY OR TOWN Edgemer	ADMISSION]	13d. INSIDE CITY LIMITS? YES NO 🏡	130. 200 Dogwo	od Ro	d.	
expanse 12/	14 FA	Martin	м	IDDLE	Tomczew	ski	15 MOTHER'S MAIDEN NA Elizabeth	MIDDLE		Tabat 'AS	л
l dedicol		WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARA (IF YES, GIVE V		217-01-2		Mrs. Agnes I	ADDR Comczewski 2		ogwood R	d. 21219
s ony injury, or other traumonic	CERTIFICATION	Conditions, if ony, gove rise to immicause (o), stating underlying cause PART 2. OTHER SIGN 190. DATE OF OPERA	nediate ng the last NIFICANT CO	DUE TO, O (c) ONDITIONS C		NCE OF	NOT RELATED TO THE TERM ON WAS PERFORMED	VINAL DISEASE OR CON 200 AUTOPSY?	20b. IF YE	IVEN IN PART 1(NGS USED
I: If ifem 2 15 morked of item 16 show	MEDICAL CERTIF	21a. ACCIDENT WAS UNE OR CONTRIBUTING OF OR CONTRIBUTING OF (IF EITHER, NOTIFY MEDIC 21d IN JURY OCCUR! WHILE NOT WAT WORK AT WO 27a. I certify that (I) saw the decess above, (I) (we) (s 27b. SIGNATURE	CAUSE OF DEAT AL EXAMINER] RED HILE	P. 21e PLACE (AT HOME, ST	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FI THE deceased from	19 ARM, ETC.	211. LOCATION STREET 211. LOCATION STREET ATTENDING PHYSICIAN	CITY OR TO	WN ate and ha	COUNTY	
MPORTANT		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT	Felicano		7200 North	n Point Rd.			
-	-	BURIAL, CREMATION, (SPECIFY) Burial UNERAL DIRECTOR		1/6/7	9 Sa	acred	Heart of Mar 222 250. DAT	E REC'D. BY REGISTRAR	more 25b. REGI	Man Alland	URE
		Duda-	Ruck .	Inc. 79	22 Wise A	ve. I	Oundalk, Nd of	AN 4 1979	1	abrah La	dresdy

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funerall should be detached for use as the busiol-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other traumotic event, the

	1 Signature		0.00	for	
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DHMH-16 50M 7/77 (VR A 15 (4))

	XC 20	32241		SIAI	E OF MAKTLAND				
1-	STATE		D		EALTH AND MENTAL H	IYGIENE	79-0	053	6
	REGISTRAR						G. NO.		
	CEASED NAME ORPRINT)	FIRST	MIDDLE		AST	20. DATE OF DEA	TH MONTH D	AY YEAR	2b HOUR
		CONRAD		T	DUCHARD	JANUARY	10, 1979	9	11:00 1
3. SEX	(4. RAC	E	5. DATE C		6 AGE (IN YEARS LA		IF UNDER I YEAR	
	MALE	WI	HITE	DECE	BER°22, 189	7 81	YRS.	AONIHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOR	EIGN 76 CIT	IZEN OF WHAT CO	JNTRY? 8	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
	RYLAND		S.A.	WIDOWE		DATIBLE	ORE COUN	TY	W
	TY OR TOWN OF DEAT				ROTHER INSTITUTION	12a USUAL OCCU			OF BUSINESS OR
	T HOWARD	W	MEDICAL.					.,	
13a. S	AL RESIDENCE (IF NURSIN	IG HOME OR OTHER	INSTITUTION, GIVE RESIDEN	OR TOWN	13d INSIDE CITY LIMITS	? 13e STREET ADDR	ESS	Hem	
MA	RYTAND			TMORE	YES W NO	2106 WILL		MITE:	
	THER'S NAME	ALIDDUF.			15. MOTHER'S MAIDEN	NAME			
	ALBERT	MIDDLE		OUCHARD	SOPHTE	MIDE	rc.		IIMP
	AS DECEASED EVER IN		ORCES? 166. SOCI	AL SECURITY NO.	17 INFORMANT		DDRESS	51	UMP
	ES, NO OR UNKNOWN)	(IF YES, GIVE WAR O		10 2156	ELIZABETH 1	M MATTOODI	2601 1	NIII ANW	C/TI
	18 CAUSE OF DEATH				KEDISADELII	H. PAILDON	, 20,71_1	APPRO	MATE INTERVAL ONSET AND DEATH
	PART I DEATH WA	S CAUSED BY			OCK				AYS
	1191-	MMEDIATE CAL	JSE (a) CARDI	OCTONITO SD	OUR			1 2 4	MIS
	776		UE TO, OR AS A CO	NSEQUENCE OF					
10	Conditions, if any, gove rise to imme		(b)						
631	couse (a), stating underlying couse	the D	UE TO, OR AS A CO	NSEQUENCE OF					
			(c)						
z					NOT RELATED TO THE TE		ONDITION GIVE	EN IN PART 1	(0)
CERTIFICATION	CHRONIC OB				SE: RENAL F	20g. AUTOPSY?	and IF VEC	, WERE FINDI	100 1100
FICA	146 DATE OF OPERATE	ON	TONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	ZVII. AUTOPST?			S OF DEATH?
RT			T. T. T. C. S.		1	YES NO	76	5 🗆	NO []
	218. ACCIDENT WAS UNDE		Ib. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCC	.UKKED (ENTER NATURE O	INJURY IN ITEM 18, PA	ART 1 OR PART 2)	
Z	(IF EITHER, NOTIFY MEDICAL	EXAMINER)	P.M.	19					
MEDICAL	21d INJURY OCCURRE	1.1	E PLACE OF INJURY	, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
1	WHILE NOT WHILE AT WORK	. –							
	22a I certify that 🕱 (this hospital) of	tended the deceosed			, 10		19_19	that 🏗 (we) las
	sow the deceosed above, 💥 (we) (die	olive on	ANUARY 10	19 <u>_79</u> , ar	nd that in the (our) opini	ion deoth occurred on t	he date and haur	and from the	couses stated
	22b. SIGNATURE	/1	10 /		DEGREE	NORTH PROPERTY.		22c. DATE	SIGNED
9		00/10	licyll	Orc	ATTENDING PHYSICIAN		STAFF IYSICIAN 🟋	1/11	1/79
	22 d. PHYSICIAN'S NA	ME (TYPE OF PRINT)			22e. ADDRESS				
	C. V. J.	VERGHES	E. M.D.		VAMC. FOR	T HOWARD, M	ARYLAND	21052	
23a. B	URIAL, CREMATION, R		DATE	23c. NAME OF C	EMETERY OR CREMATOR				STATE
(5	BURIAL		01-15-79	LOUDON	PARK CEMETE	RY BALTIM	ORE CITY	MAR	YLAND
24 FL	INERAL DIRECTOR				250 0	DATE REC'D. BY REGIST	RAR 256. RESISTE	RAR'S SIGNA	TARE
HITE	NAME RARD WILLIAM	AT. HOME		PRESS	BATTO MOJ	AN 1 2 1979	freg	tray/h	rusy

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TATE L					

STATE OF MARYLAND

Md.

A. "Alan Seitz Funeral Home 3018 Roland Ave.

(VR A 15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND

)	1-	STATE REGISTRAR			DE		IEALTH AND MENTAL H	IYGIENE REG. I	1 0	005	4 0
		CEASED NAME OR PRINT)	FIRST	,	MIDDLE		LAST	2a. DATE OF DEATH		DAY YEAR	26 HOUR
1	3. SEX	A1	len	RACE	F.	Turar		January 6 AGE (IN YEARS LAST B	19	79	8:18P M
		Male		White				65		MONTHS DAYS	HOURS MIN
5		RTHPLACE (STATE OR FOR DUNTRY) Penna		CITIZEN OF		MARRIE		□ Baltimore	— County		MD.
7	E	TY OR TOWN OF DEAT		Frankl:	in Squ	are Hosp	or other institution	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Foreman		E) INDUSTRY	Steel C
4	13a. S		Balti	Y	13c. CITY OF		136 INSIDE CITY LIMITS	? 13e STREET ADDRESS 12925 L			
1	4 FA	Frank	MIC		ransky		15 MOTHER'S MAIDEN FIRST Rose	NAME		?	51
1		VAS DECEASED EVER IN ES. NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W			07-7024	Mrs Gertruc	de C Turansk		Same	
		underlying couse	the lost	DUE TO, OF	R AS A CON	SEQUENCE OF	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIV	EN IN PART 1	O)
	CERTIFICATION	190 DATE OF OPERATION					N WAS PERFORMED	200 AUTÓPSY?	206. IF YES IN CERTIF	, WERE FINDS	NGS USED 5 OF DEATH?
		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A.	M. MONT	H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN.			NO [
	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D	21e PLACE	OF INJURY	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		220.1 certify that (X(t) sow the deceosed above, (I) (we) (dic) 22b. SIGNATURE				19_79 0		on death accurred on the	date and hou		couses stated
		22d. PHYSICIAN'S NAM		PINT)			22e ADDRESS				

Holy Rosary

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Duda-Ruck Inc Baltimore, Maryland

Burial

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i branche time	obreated add . App	0-19	
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	(4) Sourfront		u (-tabut) A

ATTENDING PHYSICIAN: The low attending physicion. FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OOE LI

0	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	9-00	1 4	1	
		CEASED NAME	FIRST	٨	MIDDLÉ	· ·	AST		ONTH DAY	YEAR	26 HO	JR
)		Johr	She	erman I	wiqq_	100.0		Ja	n. 18,			М
	3. SE	X		4 RACE	52 10 10 10	5 DATE C		6. AGE (IN YEARS LAST BIRTHE	MONTH	DER I YEAR	HOURS	R 24 HRS
	1	Male		White	2	Sep		65 YRS			Miles,	
nce.	7a. BI	RTHPLACE (STATE OR FO	PREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARDIED VIEVER MARRIED						- 19
3ろろ		arvland			S.A.	WIDOWE	D DIVORCED	Baltimor				MD.
O Officed		ity of town of DEA Dundalk	TH	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET A Ranch La	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF CONSTRUCT)	WORKING LIFE) IN	b. KIND O DUSTRY	F BUSIN	ESS OR
pe	USU	AL RESIDENCE (IF NURS		OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)				7-1		
36	Ма	rvland	Bal-		Dundalk		YES NOX	1703 Ranch	1 Lane	21	222	
Summer 2	14. FA	ATHER'S NAME FIRST		MIDDLE	Twiag		15 MOTHER'S MAIDEN NA/ FIRST Cora	WE	T	wigg	ī	
0		Roman WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	ς .			- 3
e Hed	(YES, NO OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	217 10	7379	Shirley Lo	CKA	Manor Manor	210	57	
t, #		18 CAUSE OF DEATH	H (Enter or	ly one couse per	line for (a), (b), and	d (c).	2 1 0	1		APPROXI BETWEEN	MATE INTE	DEATH
eve				E CAUSE (a)	<u>la</u>	nol	ac ane	7/				
TO P.C		4292		DUE TO, OI	R AS A CONSEQUE	NCE OF	117			2	n	_
trou		Conditions, if ony, gave rise to imm	rediate	(b)	19	2 -					1/2	
ther		couse (a), statin underlying couse		DUE TO, OI	R AS A CONSEQUE	NCE OF						
, or		PART 2. OTHER SIGN	IIFIC ANT O	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN	PART 10	21	
(John C)	O	4	illek	2.	CLEAR	PAL		RESSIVE				
huo 2	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSÝ? YES □ NO 🕱	20b. IF YES, WEI IN CERTIFYING YES			TH?
9		21a. ACCIDENT WAS UND	_		FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 C	R PART 2)		
Ter.	MEDICAL	(IF EITHER, NOTIFY MEDICA		P./		19	AN LOCATION					
rked or	MED	21d. INJURY OCCURR	IILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	, cc	YTAUC	5	STATE
S B		22a.1 certify that (I)		6 1	P property	3	15, 19.77		8 19	19.	tho (1)	(we) lost
121		sow the deceose obove (1) we) (a	id olive on	view the body	ofter death 19	79.01	nd that in (my) (our) opinion	death occurred on the dat	e and haur and	fram the	couses s	lated
# Her		22b. SIGNATURE	111	// //	1/01	. 11	ATTENDING A	MEDICAL STAFF		22c. DATE	SIGNED	
Ž –		22d. PHYSICIAN'S NA	ME (TYPE C	R PRINT)	1110	1	22e ADDRESS	•				
MPORTANT: #		Dr.	Wyma	n K. W	ong /		6730 Holab	ird Ave, B	alt.Md	.,2:	1222	!
≤	23o E	BURIAL, CREMATION,	REMOVAL	23b. DATE	/ 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	TY	S1	TATE
-	F	Burial		1/20/			ridge Memor	ial Baltim	ore, M	any!	land	l
7		UNERAL DIRECTOR		7922	Wise Av	enue	25a. DAT	REC'D. BY REGISTRAR 2	Sb. REGISTERS	SKNO	DELON	4
133	I	ouda-Ruck	Inc	, Bal	timore,	Md.	21222	פוטו ממוור			1	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction of the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filled within 72 houwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR

S	TA	TE (OF	MA	RYL	AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

79-00542

	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	j		
	I. DEC	CEASED NAME FIRST OR PRINT) Margaret		AIDDLE		AST	Zu. DATE OF DEATH	20 ,	1979	2b. HOUR
	3. SEX	emale	4. RACE White		S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	
	7a. BIF	RTHPLACE (STATE OR FOREIGN DUNTR Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWS	D NEVER MARRIED DIVORCED	Balto. Co			MD.
~		TY OR TOWN OF DEATH	3032	HOSPITAL, NURSIN	ADDRESS)	Venue	12a. USUAL OCCUPATION OF PORT OF WORK FOR MOST OF TOME			OF BUSINESS OR
	Was a	AL RESIDENCE (IF NURSING HOME (GIVE RESIDENCE BEFORE	N1 e	134, INSIDE CITY LIMITS?	13-3875 ZADORESS	ifor	rnia A	venue
1		THER'S NAME arl FIRW. Zeich	nn'er	LAST		13. MOTHER'S MAIDEN NA			t.	AST
		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	215 47	1 30 1	17. INFORMANT	yn G. Spat			
		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O DUE TO, O DUE TO, O (b)	ACUIC R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	40 curdial	I ufurch	161	3	O IMPLE
	CERTIFICATION	PART 2. OTHER SIGNIFICANT C() 19a. DATE OF OPERATION	16 bral	Th	107/	NO RELATED TO THE TER/	20a. AUTOPSY? YES NO	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES	DINGS USED
,	MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF ETHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 226.1 certify that (I) (this has saw the deceased alive obove, (I) (we) (did) (did 22b. SIGNATURE 22d/PHYSICIAN'S DAME (TYPE)	21e. PLACE (AT HOME, ST POINT) view the power of the powe	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, I	19 FARM, ETC.)	22e. ADDRESS	city or low	ote and he	COUNTY	STATE
		Paul Edg	ar, Mu.			1205 York	< Road			

BP. DHMH - 16 25M

(VR A 15 (4)) 9/74

23a. BURIAL, CREMATION, REMOVAL 23b. DATE cremation

Chape 1

24. FUNERAL DIRECTOR
EVans Funeral

23C NAME OF CEMETERY OR CREMATORY Westview

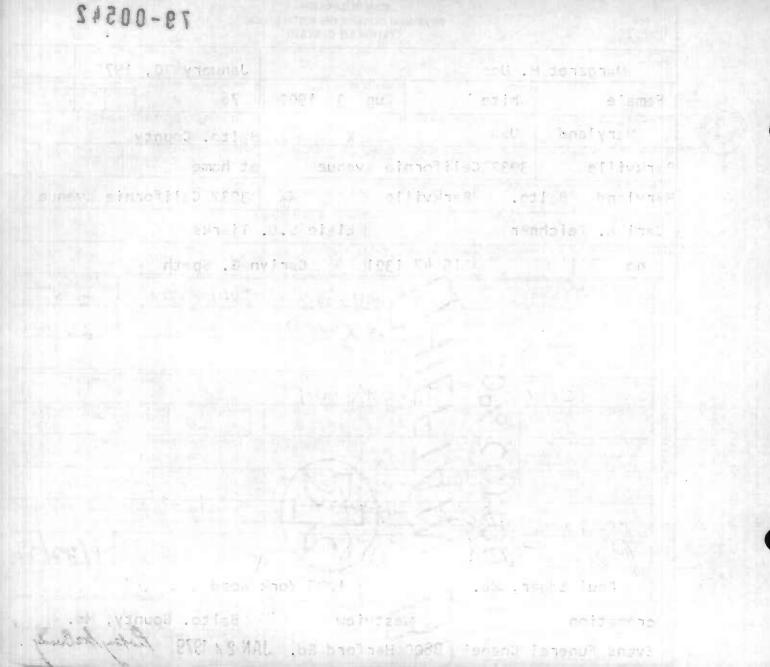
8800 Harford Rd.

Balto.

Count

JAN 2 4 1979

STATE



	1.	FOR	DE		E OF MARYLAND LEALTH AND MENTAL I	HYGIENE 7 0	-00543	
	11	- STATE REGISTRAR			ICATE OF DEATH	REG. N		Wilder.
1		ECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH		26 HOUR
960		Edna		UPPER		Jan. 13		8: P.
rs offi	3. S	= = emale	White	5. DATE (6 AGE (IN YEARS LAST BIR	MONTHS DAY	
an 72 hours	4	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Balto., Md.	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED		ore County	MI
by the fu	10 0	Towson	11. NAME OF HOSPITAL, I	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ON UPSE	ON 12b. KINE DE WORKING LIFE) INDUSTE I IOS	of BUSINESS OR
filled in bould be fi	JUSU 13a.	JAL RESIDENCE (IF NURSING HOME STATE 136 COL		CE BEFORE ADMISSION) OR TOWN .MOre	13d INSIDE CITY LIMITS	? 130 STREET ADDRESS	Vernon Pl	
and 2 sh	14. F	ATHER'S NAME FIRST Joseph	MIDDLE Upper	man	15. MOTHER'S MAIDEN FIRST Mary	NAME	?	LAST
Poges 1		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDRI		
S. Po	L	no			Fa. R. L	. Ranieri		
e carbanpape m, ar remavol matic event, t		4100	DUE TO, OR AS A COM	USEQUENCE OF	VA		OFTWEE	OXIMATE INTERVAL IN ONSET AND DEATH
burial, crematic ry, or other trau		Conditions, if any, which gave rise to immediate cause (10), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON		NOT RELATED TO THE T	erminal disease or con	DITION GIVEN IN PART	l(a)
t permit. The tene prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NOX	206 IF YES, WERE FINING CAUS	
Mental-transit		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONT	TH DAY YEAR	21¢ HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	RY IN ITEM TB, PART I OR PART 2)
th and Mo	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO		STATE
of Heol	190	22a. I certify that (I) (this has saw the deceased alive a abave. (I) (we) (did) (did.) 22b. SIGNATURE December 1	E. Fishe	19 78 . 0	nd that in (my) (aur) apin DEGREE ATTENDING PHYSICIAN	The to the distribution death occurred an the distribution of the	ote and haur and fram t	-, that (I) (we) los he causes stated TE SIGNED -1 4-79
MPORTANT: If them		Franklin Le	orprint)		22e. ADDRESS 3501 St.	Paul St. B	alto. Md	
A M	23a	BURIAL CREMATION PEMOVA		23c NAME OF C	EMETERY OR CREMATO	RY 23d. LOCATION		
		(SPECIFY) Burial	1-17-79	Loudor	Park	Baltimo	county	Md.
50M 1/76	24	EUNERAL DIRECTOR Henry		& Sons	Co. 25a.	DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE Planety

requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

	STATE OF MARYLAND
75	DEPARTMENT OF HEALTH AND MENT.

79-00544

1.	STATE REGISTRAR		DEPARIA		ICATE OF DEATH	REG. NO		000	
1. DE	CEASED NAME FIRST		MIDDLE	i	AST	20 DATE OF DEATH		YEAR	2b. HOUR
(146)	E OR PRINT)	MER	E	VANST	RATEN	JANUARY	3, 1979		9:25 p
3. SE	x Male	White		5 DATE C		6 AGE (IN YEARS LAST BIRTI	HDAY) IF UN	DER I YEAR	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN N.J.	76 CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D MEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF		
10 C	TOWSON	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET	G HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPATION PE DE WORKOS DE MOSTO	ON 12		F BUSINESS OR
USU 13a.		ME OR OTHER INSTITUTION OUNTY . 1to	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Rodgers	N	13d INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS 215 Mu	rdock Ro	1.	
14. F/	ATHER'S NAME FIRST Garrett V	an Strate			15. MOTHER'S MAIDENN FIRST Gretch	en		Myer	
160 \		ARMED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADDRE			
	no		217 03	1832A	Effie H. Va	n Straten	Same		Than 186
TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
CERTIFICATION	190 DATE OF OPERATION	196 COND	196 CONDITION FOR WHICH OPERATION WAS PERFO			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CONTRIBUTION CONTRIBUTION OF CONTR	OF DEATH HOUR A.	EATH HOUR A.M. MONTH DAY YEAR R) P.M. 19			RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 (OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOW	/N C	OUNTY	STATE
	220.1 certify that () (this h saw the deceased alive above, () (we) (did (d)	nospital) offended the grand and declarate the lady	e deceased from 7 19 7 after death.	Janua 9	nd that in (1946) (aur) apinion	to Januar	. 17		that X(we) lost couses stated
	27h SIGNATURE	DEGREE DEGREE			ATTENDING PHYSICIAN	MEDICAL STAF	F	Jan.	SIGNED 4, 1979
	72d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS								
	Samuel	Lee, M.D.				Road, Towson	, MD 212	204	
230	BURIAL, CREMATION, REMO (SPECIFY) Burial	231 7ATE/1	070		emetery or crematory on Cemetery	23d. LOCATION CITY OR TOWN Woodlawn	COUN	VTY	Md
	uneral director itchell-Wiede	efle d Hom	e6500 Yor	k Rd.		JAN LU 1979			URE

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral c should be detached for use as the busial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hi with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the medical

IMPORTANT: If them 21 is marked ar them 18 shaws any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DATE KNOWN I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI-DIRECTOR.

OUR FILES.

4.73 HOURS

ON STREET, DEATH MATED Robert Lee Venable 3 19 4 RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE 2d. HOUR YEAR LAST BIRTHDAY PRONOUNCED 8:10A Male Black. 1979 13 JAN. 1, 1938 DEAD 41 TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED XX NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED DIVORCED Baltimore County, VIRGINIA FILED W 3 TO THE FAIN PAGE 5 18. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Catonsville Spring Grove Hospital ROOFER CONSTRUCTION 96 SHOULD BE RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COLINITY 13c. CITY OR TOWN 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 AND REC D.C. NONE WASHINGTON NO X 4th ST. N.W. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME BALTIMORE, MD. DRM PM MIDDLE HENRY MIDDLE FIRST LAST VENABLE ANNIE CHANDLER FORM 6 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT 309 DIVISION HAROLD GOODMAN CIL (YES, NO, OR UNKNOWN) WITH FO (IF YES, GIVE WAR OR DATES) NO 226-14-1321 MARY W. VENABLE CONCORD. N. CAROLINA APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) MINER ALONG W TRANSIT PERMIT. F NTAL HYGIENE, DI 18 BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cirrhosis of liver IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditions, if any, which OR REMOV gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. lying cause last. SED AS A BURI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 161 CERTIFICATION USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES Z NO E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 9 CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE STATE [AT WORK AT WORK DIRECTOR: , WITH THE S PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 9 BALTIMORE, MARYLAND, 2 22a, I certify that I taak charge of the remains of ibed abave, held. Autopsy Inspection and in my opinion Hamicide death resulted fram latural causes Undetermined manner TITLE (SPECIFY) ACTUA DATE Deputy Chiefedical EXAMINER 1/13/79 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY STATE FOREST HILLS CEMETERY BURIAL P.G.C. CLINTON Md. 1-24-1979 BP 250. DATE REC'D. BY REGISTRAR 256. BE ISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 tru Mal ready CHAMBERS CO. 517 TIth ST. S.E. WASH, (VR A15 ME (5)) 30M 7/73

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. etoined by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00547

REGISTRAR		CERTIFICATE OF DEATH	REG NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
(TYPE OR PRINT) ROBERT	SMITH	VROMAN	January 9, 1979	4:05 PA
3. SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDE	
Male	White	July 5, 1909	69 YRS	DAYS HOURS MIN
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED M NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DE	ATH
New York	USA	WIDOWED DIVORCED	Baltimore County	JM.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION		KIND OF BUSINESS OR
Towson	Milti Medic		Lawver	703183
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY		13e STREET ADDRESS	
Maryland Bal	timore Towson		6900A Lachlan Circl	0
14. FATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
Guy	MIDDLE LAST		rence Dun	LAST
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC		ADDRESS	11
(YES, NO OR UNKNOWN) (IF YES, G	084-20-7	1054 Mrs Coraldi	ne C. Vroman Same as	# 12
				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU		177		16 days
IMMEDI	ATE CAUSE (0) LOVE DVA	(1 / word words)		10 acrys
7370	DUE TO, OR AS A CONSEQU	a lauta	la c'a	
Conditions, if any, which gove rise to immediate	(b) Clver	rai arierio 80	1200513	
couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQU	UENCE OF		
	(c)			
	CONDITIONS CONTRIBUTING TO	11 /	MINAL DISEASE OR CONDITION GIVEN IN I	PART 18
VI 190 DATE OF OPERATION	VILLA (VVS	Hypertuswe H OPERATION WAS PERFORMED	Curclianacular 1200 AUTOPSY? 1200 IF YES, WERE	Y U SEUX
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIFYING	CAUSES OF DEATH?
III			YES NOX YES	NO 🗌
	216. TIME OF INJURY HOUR A.M. MONTH [RRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR	PART 2)
OR CONTRIBUTING CAUSE OF E		19		
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	211 LOCATION STREET	CITY OR TOWN COU	UNTY STATE
WHILE NOT WHILE AT WORK			- 0 M	0
22a 1 certify that (I) (this has	pital) attended the deceased from	So.pt 7 1976	, to Jan 1 , 19 1	I, that (I) (we) lost
sow the deceased alive	not) view the body ofter death		deoth occurred on the dote and hour and f	rom the couses stoted
22b. SIGNATURE	for view the body offer death.	DEGREE	22	c. DATE SIGNED
1 4 Tills	cent un	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	/10/79
22d. PHYSICIAN'S NAME (TYPE	ORPRINT	22e ADDRESS		
	Ellicott M.D.	1134 Yor	k Road Lutherville,	11/2/093
230 BURIAL, CREMATION, REMOVA	AL 236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
(SPECIFY) Burial	1-13-79 Mi	iddleburg Cemetery	Middleburg, New	York STATE

DHMH - 16 60M 1/75 (VRA 15 (4))

BP_

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. 1050 York Road

FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00548 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle 20. DATE OF DEATH Last January Month 3. Doy 19 Year 79 (Type or print) Margaret Κ. WACHTER 3. SEX 4 RACE S. DATE OF BIRTH IF LINDER 1 YEAR IE LINDER 24 HRS. 6. AGE (In years MONTHS 1 DAYS HOURS Nov. 26. 1881 Fem. death. 9. COUNTY OF DEATH Baltimore County 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) U.S.A. ofter WIDOWED T DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR haurs give greet oddress in Square Hosp. during most of working life, even if retired.) INDUSTRY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 p Balto. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Md. 136. COUNTY YES PC NO 3902 Marx Ave. Balto 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Seibert Barbara Briant Henry 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na. ar unknawn) (If yes give war or dates of service) Il Mrs. Helen M. Knight 3810 Ednor Rd. 21218 no 18. CAUSE OF DEATH (Enter only one couse per line for (q), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Cardiopulmonary arrest BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Oliquria; urinary tract infection; rule out sepsis 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING per CAUSES OF DEATH? NO X YES [21a. ACCIDENT WAS UNDERLYING burial, 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natity medical examiner) 0 / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING ETC. While Not while at work Jan. L Jan. 3 22a. I certify that (this haspital) attended the deceased framand that in (arr) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive ancauses stated abave, (we) (did) (id) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR -DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS 9000 Franklin Square Drive RAZA MD NAME (Type) AZRA shauld t 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Tawn) 23b. DATE (County) (State) M. BENOVEL Specify) Oak Lawn (em. Balto. 6415 Belair Rd. 24 FINERAL DIRECTOR 2Sh. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR DHMH-16 1/71 30M John C. Miller Inc. (VR A15 (4))

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	1	FOR - STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	7.9-	0054	9	
		CEASED NAME FIRST	WIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	3. SE	Donal			ner	January			10.23M
		ale	White	MONTH 10	PERTH 2 1927	6. AGE (IN YEARS LAST BIRT	MONT	HS DAYS	IF UNDER 24 HRS HOURS MIN
i .	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8		51 9. BALTIMORE CITY O	R COUNTY OF	DEATH	
		aryland	U.S.A.	WIDOWE	D NEVER MARRIED (3)	Baltimor			MD
11	10 C	OSSVILLE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Franklin Squ	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Inspect	ON I F WORKING LIFE)	26. KIND O	OF BUSINESS OR
75	130 Ma	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY BALT	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 2504 Wagi	-Cn3-		
30		ather's Name lolph	Wagne:		Rosaline	MIDDLE		Durk.	
1	(WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE ON THE YES OF	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 217-24-		Robert P.		S7323 S Balto		tton Way 21224
	CERTIFICATION	gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (Respiratory 19a. DATE OF OPERATION	DUE TO, OR AS A CONSEOU (c) Adenoc CONDITIONS CONTRIBUTING TO INSUFFICIENC 199 CONDITION FOR WHICE	arcin	t Upper Loh	ing (Tipper	th	Tung	NGS USED
do	RTIFIC					YES NO	IN CERTIFYING	G CAUSES	OF DEATH?
9		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH (P.M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TOV	vn (COUNTY	STATE
MrOki Missing and a second and		sow the deceosed alive on above. (I) (we) (did) (did no 22b. SIGNATURE)	Fine	79 . ar	d that in (my) (our) apinion of the desired of the	, to Januar depth occurred on the di MEDICAL STAI DIRECTOR PHYSIC	ofe and hour and	from the	
/		A	Jean-Pierre,		9000 Fran	klin Squa	re Dri	ve,	21237
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1/30/79		emetery or Crematory awn Cemeter	_			
7	24 F	UNERAL DIRECTOR Duda- 7922 Wise Av	Ruck, Inc.	c,MD		() 1979	Ab. REGISTRAR	SSIGNAT	URE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO

20 DATE OF DEATH 70

IF UNDER 1 YEAR & AGE (IN YEARS LAST BIRTHDAY) IF UNIOFR 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12n USUAL OCCUPATION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY DRAFTSMAN ARMY CORPS OF **ENGTNEERS**

13e STREET ADDRESS 5817 WYNGATE DRIVE 20034

NORFOLK ADDRESS BETHESDA, MD. KATHLEEN W. POLLACK. 5817 WYNGATE DRIVE

SIGMOID, RECTUM

MIDDLE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

to January 15

CITY OF TOWN

STATE

STATE

NO [

COUNTY

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

23d. LOCATION

BURTAL.

21229

BALTIMORE CITY MARYLAND 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE riffres Malrerde

DHMH - 16 60M 7/73

(VR A 15 (4))

24 FUNERAL DIRECTOR

ADORESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

LOUNTY

79-00550

ASPERTING BENCHMANNER MINER SARE MYS/WINES FECAL STRING FICHE IMPROTIONE, SICHED FECTIVE MILES/MITE

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	STATE OF MARY
FOR 1 - STATE	DEPARTMENT OF HEALTH AND

LAND MENTAL HYGIENE 79-00551

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) Marie WALTERS January 15, 1979 Lena 9:05P 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH Jamen 5. 14892 YEAR Female White DAYS HOURS 76 BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ridgley, W.Va. USA Baltimore County WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Franklin Sq. Hospital TWEE OF WORKING LIFE INDUSTRY Rossville 21237 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? ESSEX 21221 13. STREET ADORESS South 21221 Md.

60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADD BY B Byway South (YENNO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Son James Walters 214 05 9115 Baltimore. Md. 2122 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (9) (b), ond (c))
PART I. DEATH WAS CAUSED BY: Cardio-respiratory arrest IMMEDIATE CAUSE (0). DUE TO, OR ATACONSEQUENCE OF TIC cardiovascular disease Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR SEVERE anemia underlying couse lost

15 MOTHER'S MAIDEN NAME

Nora

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Cholelithiasis; Status post pulmonary embolism 11/78

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

Francis Mulligan

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

CITY OR TOWN COUNTY

MIDDLE

STATE

LAST

Dec. sow the deceased alive on and that in (n) (our) opinion death accurred on the date and hour and from the causes stated above, W (we) (did) (did not view the body ofter death 22b. SIGNATURE DEGREE

RAXA MD

22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIANY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

to Jan

22d PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

AT WORK

14 FATHER'S NAME

CERTIFICATION

WHILE

22e. ADDRESS

AZRA

RAZA 23b. DATE

9000 Franklin Square Drive

23g. BURIAL, CREMATION, REMOVAL Birial

1/18/79

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION Holly Hill Memorial Gardenson Baltimore Co. Md.

MPORTANT

8

DHMH - 16 50M 7/77 (VR A 15 (4))

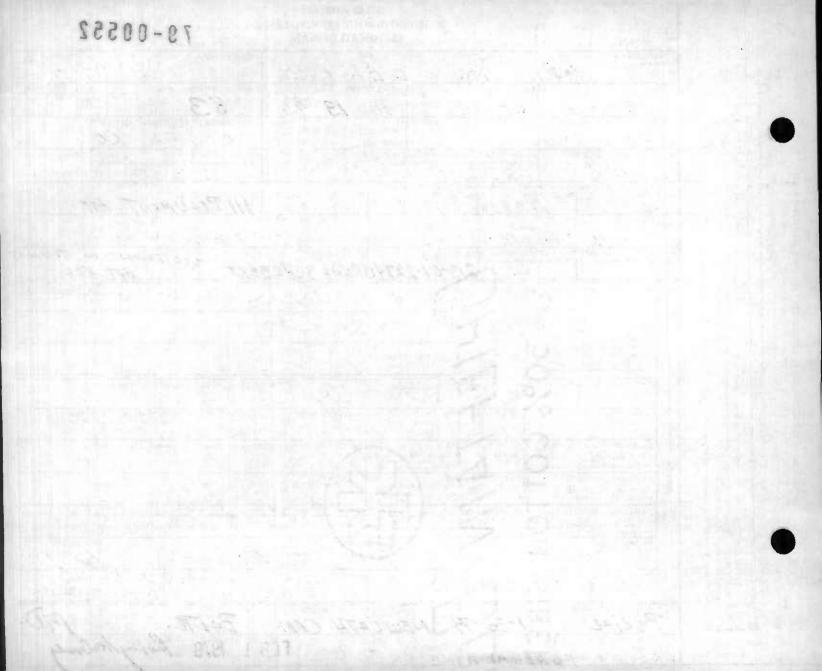
BP.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE PA 1407 Old Lastern Ave. JAN Home Bruzdzinski funeral

1/15/79

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f-	1	STATE OF MARYLAND
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH TORM DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR TORM DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR
nay be page 3 er death		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR DO LORPINT) NORA WAR LORD LORD LORD LORD LORD LORD LORD LOR
of the	3. SE	FEMALE WHITE 5. DATE OF BIRTH MONTH DAY YEAR MONTHS DAYS HOURS MIN. FEMALE WHITE 95 YEAR
r deoth. Poge funeral direct ithin 72 hours		IRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF DEATH WIDOWED D DNORCED BALTOR COUNTY OF DEATH WIDOWED D DNORCED MD.
by the fullfilled within	10.C	17 OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
filled in could be must be	13a	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 130. COUNTY 131. CITY OR TOWN YES NO 181. STREET ADDRESS 181. STREET ADDRESS 181. STREET ADDRESS 182. STREET ADDRESS 183. STREET ADDRESS 183. STREET ADDRESS
ond 2 sh	14. F/	ATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST UNK NOW LAST
Poges 1		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS TOWNSON TOWN QUES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-01-22740ANYA SCHUBERT ADDRESS TOWNSON TOWN Q
physicio on popers. emavol.		18. CAUSE OF DEATH (Enter only one couse per line Ar (0), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). CORONALLY OCCURSION BETWEEN ONSET AND DEATH
y the ottending e remove corbs cremotion, or r ther troumotic.		Conditions, if any, which gover rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE O
n signed b Then pleos r to buriol, injury, or o	NO NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ssit permit. I	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES DO YES NO
er this certificate has the burial-transit per and Mental Hygiene ked or tem 18 shows		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
After this ce os the bur	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT W
for us of He 21 is		22a.l certify that (I) (this hospital) attended the deceased from 19 10 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.
AL DI detocl ote De T. If h		DEGREE OLY CO DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH
TO FUNERA should be d with the Sto		EIND W. CAYOSO 220. ADDRESS S'411 OVOL FRED DEUGL RO. BOLL MUL. MID. 212029
BP		BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY MYD.
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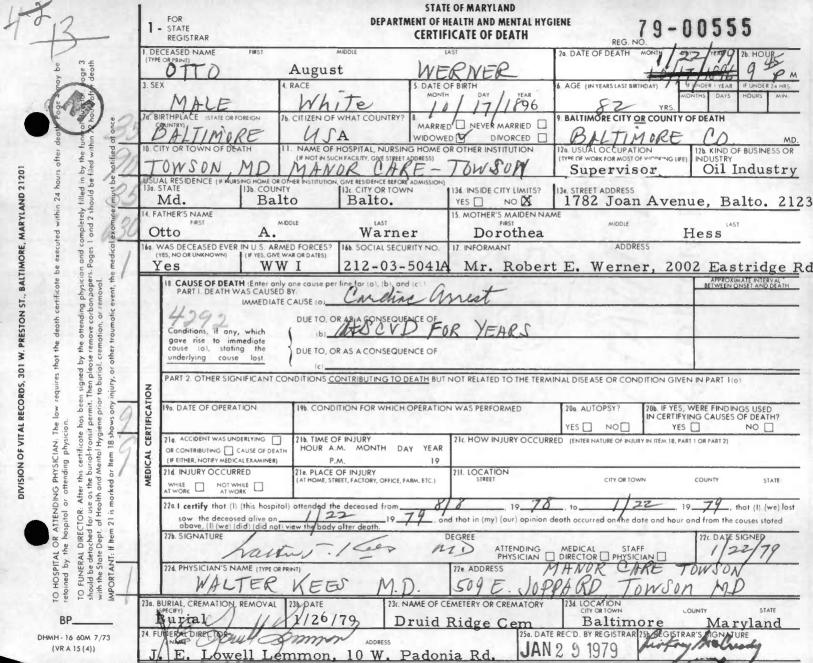


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR 20 DATE OF DEATH DECEASED NAME 30 (TYPE OR PRINT) January 10, 1979 WHALEY ELIZABETH Gertrude 6 AGE LIN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3 SEX DAYS MONTH 3, 1882 96 Female White Decm. 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U S Baltimore County Maryland WIDOWER DIVORCED 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Catonsville House in the pines SUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4012 Cranston Avenue 21229 Maryland YES K Baltimore 9 IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST MIDDLE Alphonsa Reed James ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Harry B. Whaley, Jr. 4012 Cranston Ave. 215-24-94710 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 71e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify tho (1) (this hospital) attended the deceased from. and that in my (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE MEDICAL STAFF ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (LYPE OF PRINT) 22e ADDRESS 5405 East Drive, Arbutus, Md. 21227 Dr. Herbert J. Levickas 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE 1/13/79 Loudon Park Cemetery Baltimore, Md. Burial 24. FUNERAL DIRECTOR 1630 Edmondson Ave., Catonsville, Md 250. DATE REC'D. BY REGISTRAR 256. RE

Witzke Funeral Home of Catonsville, P.A. 21228JAN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 - 0 0 5 5 9 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE KNOWN Month 2b. HOUR Day Yeor of (Type or Print) PM3 EST1 White Leanon DEATH MATED [Give Pages Department 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD with form 2d. HOUR 2-15-1899 Manth emale white Doy Year YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH hours Item 18 country) Maryland Baltimore afang WIDOWED & DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) atonsville during most of warking life, even if retired.) INDUSTRY Office / in pencil in with Ave. eanstress 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed within pending in pendin admission) STATE 13b. COUNTY O YES Sanford Ave. 2122 atonsvi NO V BALTIMORE, 4. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME Middle Last Altord Frizzell Bollinger llen 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, ng. or unknown) Medi (If yes give war or dates of service) Maude E. Hoffmeister 5305 Wendy Rd. no none event please execute the certificate, writing the ward age 4 should be forwarded to the Chief My APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).), BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ial-transit Conditions, if ony, which gave rise to immediate couse (a). burial-tra removal, DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause This PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 0 CERTIFICATION cremation 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES [NO T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) burial. MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. shauld to burin CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE AT WORK P 220. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry 1 ond in my opinion Hygiene y be retained I DIRECTOR: P. Mental Hygiene death resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 2, and 3 to 1 Page 5 may b TO FUNERAL D Health and Me **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, or county) BURIAL, CREMATION, 23b. DATE CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Buria 24. FUNERAL DIRECTOR 25a. EGD BY REGISTRATO DHMH-17 1/71 10M Stansbury Funeral Home 6411 Windson (VR A15ME (5)) DATE

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(VR A 15 (4))

York Road

Balto., Md.

21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1.	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	79-00	561
	I. DE	CEASED NAME FIRST	MIOOLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
moy be poge 3 er deoth		CREOLA		WHITEHEAD	1	1 79 3:45Pm
ge 4 mo ector, po	3. SE	FEMALE	4 RACE BLACK	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 50 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
nerol dir	7e B	IRTHPLACE (STATE OR FOREIGN OUNTRY) U.S.A. (MD.)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. COUNT	
1201 mindly the further of griffied of		OWSON, MD.	11. NAME OF HOSPITAL, NURSING IF NOT INSUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS)	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 red within 24 hours ond 2 shoul be fill Exomine must be for	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 186. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	130. STREET ADDRESS POD	lar Grove.
MARYLL mpletely and 2 sh	14. F/	Joseph Trayn	MIDDLE LAST	15 MOTHER'S MAIDEN NA FIRST Sallie		LAST
BALTIMORE, cote be execut systicion and co apers. Poges 1 vol. nt, the medical		WAS DECEASED EVER IN U.S. AR		Thomas Whi	tehead 1421 P	oplar Grove
55, 201 W. PRESTON ST., BAL quires that the death certificate signed by the attending physici han please remove corbonpapper o burial, cremation, or remaval. jury, or other traumatic event, th	No	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)			IVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The low requires the other dring physician. When this certificate has been signed by as the buriol-transit permit. Then plean thand Mental Hygiene prior to buriol, orked or them 18 shows ony injury, or a content of the property or the property of the prope	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY	Y YEAR 19 211 LOCATION	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES NO NO NO PART 1 OR PART 2)
OR ATTENDI e hospital or DIRECTOR: A tched for use Dept. of Heal	W	WHILE NOT WHILE 220.1 certify that A (this hospin sow the deceased alive of above, (I) (V) (sid) (V)	(AT HOME, STREET, FACTORY, OFFICE, F. tol) ottended the deceased from 1 - 1 I yew the body after death.	12-27- 19 78	death occurred on the date and ha	., 19
TO HOSPITAL recoined by th TO FUNEARING Should be detail with the Stote			MUNOZ M.D.	220. ADDRESS 6701 N. CHA	ARLES ST. TOWO	S.N. MD. 21204
160 BP		BURIAL, CREMATION, REMOVAL	1-6-79 Mt	Auburn Cemete	ery Baltimore,	Maryland A
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	James A. Mor	ton & Son Sporess 70)1 Laurens 250 PA	TE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE

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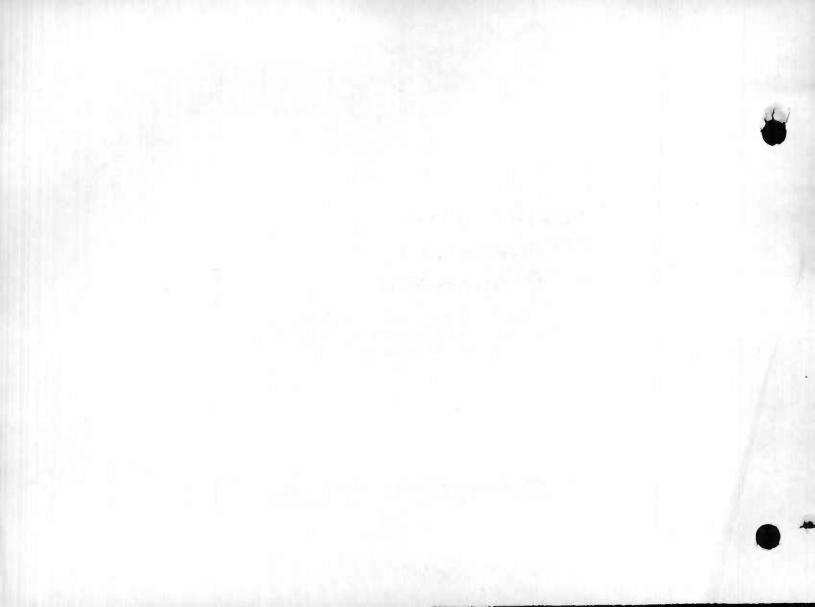
2	1.	FOR STATE REGISTRAR	DEPAR		CATE OF DEATH	79-0	0562
5		CEASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOL
40		JOHN	HOWARD	WHI:	TTINGHAM	0	
,	3. SE		4 RACE	5. DATE OF	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS
		Male	White	7	23 1919	59	YRS.
CV		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR C	
Y	10 C	England ITY OR TOWN OF DEATH	USA	WIDOWED		10WSUN (BO	altimore County,
Xo	B	ALTIMORE CO.	11. NAME OF HOSPITAL, NURS	RLES S	TREET	(TYPE OF WORK FOR MOST OF W	vorking life) INDUSTRY wardt Metal Co.
35	130. 5	STATE 136, COU	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 130. CITY OR TO IMORE Reiste	OWN	13d. INSIDE CITY LIMITS? YES NO X	130. STREET ADDRESS 517 Church	Road
13/	14 FA	THER'S NAME FIRST John The	MDDLE LAST OMAS Whitting	ham	15. MOTHER'S MAIDEN NA/ FIRST Gladys	MIDDLE I	Dickens
		VAS DECEASED EVER IN U.S. AF				Lucille Whit	tinaham
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eni, me			nly one couse per line for (o), (b),	& KID	NEY FAILURE		APPROXIMATE INTE
מ מ		150/19 IMMEDIA	TE CAOSE (6)		INC. TATEORIE		
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		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	(b) LIVER	FAILU DUENCE OF	CIRRHOSIS	RY TO ALCOH	OLIC
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ony injury, or amer	FICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	FAILU DUENCE OF OLIC A	CIRRHOSIS BUSE	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0) 106. IF YES, WERE FINDINGS USE N CERTIFYING CAUSES OF DEA
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NAME: Helene McNally Williams

DATE OF DEATH: January 6, 1979

PLACE OF DEATH: Baltimore County

#79-04213 February, 1979 Baltimore City



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00563

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR a
(1177)	Howard	Franklin	WILLIAMS	1	9 79 6:10 1
3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
M.	ale	White	12 27 O1	77	MONTHS DAYS HOURS MIN
7a. B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
	aryland	USA	WIDOWED DIVORCED	Baltimore	County
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OF INDUSTRY
R	ossville		uare Hospital	Foreman	Md. Drydoc
13a.	STATE 136 COUR	rother institution, give residence before NTY 13c. CITY OR TOW timore Parkvil	N 136 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3322 Acton	Road
14 F/	ATHER'S NAME FIRST Thomas	MIDDLE LAST	15. MOTHER'S MAIDENNA FIRST Ams Virginia	MIDDLE	Reese
	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU		ADDRESS	3,000,0
((YES, NO OR UNKNOWN) (IF YES, GIV	214-03-	2146A Kimberly	Williams 20	9 Quaker Ridge
	LO CALICE OF DEATH (Sales -	nly one couse per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DADT I DEATH MALAC CALICE	D RV			
	IMMEDIA	TE CAUSE (D) Right side	ed t.V.A.		
	1121-				
	1706	DUE TO, OR AS A CONSEQUE	INCE OF		
	Conditions, if ony, which	(b)			
	gove rise to immediate)			
	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
	anderlying coose lost				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)
Z					
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
5 5		THE RESIDENCE OF THE PARTY OF T			CERTIFYING CAUSES OF DEATH?
				YES NO	YES NO
3 8	210. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN IT	TEM 18, PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR		
15	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		TURES TO SERVICE STATES
¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK				
	22a L cortify that (I) (this base	ital) attended the deceased from	12/30/ 10 78	to 1/9/	19 79 that (I) (we) lo
		7.10.1	79 and that in (my) (our) aginion	de de consederable de la	
	sow the deceosed olive or	ot view the body after death.	, ond that in (my) (our) opinion	death occurred on the date of	nd hour and from the causes stated
	22b. SIGNATURE		DEGREE		22c. DAJE SIGNED
	1	10	ATTENIONIC	MEDICAL STAFF	1 10/10
	Konded G.	Thomas, L	PHYSICIAN [DIRECTOR PHYSICIAN	8 117179
	22d. PHYSICIAN'S NAME (TYPE	O POINT)	77e ADDRESS		
	Ronald E. The	omas. M.D.	9000 Frank	lin Square Dri	ve
0.3			NAME OF CEMETERY OR CREMATORY	123d LOCATION	
230	BURIAL, CREMATION, REMOVAL			CITY OR TOWN	COUNTY STATE
	Burial	1/12/79 Ga	rdens of Faith	Overlea	Baltimore Mo
-			and the second of the contract	0 4 0 34 34 0 00	
	THE STATE OF THE S		25- 043	TE DEC'D BY DECTET DAD TOLL	
24. F	FUNEDAL DIRECTOR	AODRESS.	250. DA	TE REC'D BY RECUSTRAR 256. F	REGISTRAR'S SIGNATURE
24. F	FUNEDAL DIRECTOR HE	749 Baller	Rel 250. DA	TE REC'D BY RETUS TRAR 256.	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. WHORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must beneated at age. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death etoined by the hospital or attending physician.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00564

1. DECEASED			MIDDLE	i.	AS1	20 DATE C	FDEATH	HTMOM	DAY	YEAR	2b. HO	JR ,
tine okeking,	ALAN		R.	WILS	ON			11	8	79	12	10
3. SEX	•	4 RACE	PECEL CONTRACTOR	5. DATE C		6 AGE (IN	EARS LAST BIRT	HDAY)		ER 1 YEAR	IF UNDE	-
Male		White		June	27,1914 YEAR	64		YRS	MONTHS	DAYS	HOURS	MIN
To BIRTHPLAC	CE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	/? 8	NEVER MARRIED	9 BALTIMO	ORE CITY O	R COUNT	Y OF D	EATH		
	sylvania	U.S.		WIDOWE	D DIVORCED	BAL	LIMORE	COUN	YTV	,		
Т	OWN OF DEATH	(IF NOT IN SUC	JOSEPH	HOSPIT	AL	(TYPE OF WO	OCCUPATION NOSTON	WORKING L	FE) IN			ESS
USUAL RESID 130 STATE Maryla	and Bal	OR OTHER INSTITUTION UNITY timore	13c CITY OR TO		136 INSIDE CITY LIMITS?	13e STREET 1519	ADDRESS Picke	ett R	oad			
4 FATHER'S	NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	WIDDIE			LAS		
	Albert	W.	Wilson	n	Beulah		MIDDLE	Be1	1	LAS		
	EASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	CURITY NO	17 INFORMANT		ADDRE	SS				ī
No	, ,		159-05	-1592	Dorothy A.	Wilson	Sar	ne as	#1:	3.		
gove	rise to immediate (0), stating the)	Harper Inc									
gove couse underl	rise to immediate (a), stating the lying couse lost	DUE TO, OI	RAS A CONSEOL	UENCE OF	NOT RELATED TO THE TERM	AINAL DISEAS		20b. IF YE	S, WER		IGS USE	D TH?
gove couse underl	rise to immediate (10), stating the ying couse lost OTHER SIGNIFICAN TE OF OPERATION	DUE TO, OI (c) T CONDITIONS CO	R A CONSEOL DINTRIBUTING TO	UENCE OF	N WAS PERFORMED	200 AUT	OPSY?	20b. IF YE IN CERTI	S, WER FYING ES	E FINDIN CAUSES	IGS USE	TH?
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Item 18

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death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4-00566

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR TYPE OF PRINT Katherine E. Winter January 6,1979 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH MONTHS DAYS MONTH YEAR HOURS DAY Female White 1909 & BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U. S. A. Maryland WIDOWED DIVORCED [Baltimore County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Franklin Square Hospital Rossville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS 7501 Carson Ave. 13n STATE 136 COUNTY Dundalk 13d. INSIDE CITY LIMITS? Maryland Baltimore YES [NO TO 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE William Elizabeth Thomas Tayman 7501 Carson Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-46-0373 Mr. John W. Winter No Balto. Md. 21224 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Cardio-respiratory Arrest IMMEDIATE CAUSE (0)___ DUE TO, OR AS A CONSEQUENCE OF b) Metastatic Carcinoma of Lung Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART NO CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK December 78 January 220.1 certify that (this happinal) attended the deceased from. 79 , and that in 💓 (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE STAFF ATTENDING MEDICAL January 6, PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 1979 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 9000 Franklin Square Drive 21237 Perez-Mera M.D. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN Baltimore, Maryland Burial 1/9/79 Oak Lawn Cemetery

Should be detowith the State D

21. FUNERAL DIRECTOR

Duda-Huck, Inc. 7922 Wise Ave. Dundalk. Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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	1	FOR			PEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	- 2 3 -			
V		STATE REGISTRAR		ME	DICAL EXAMIN	ER'S C	ERTIFICATE O	FDEATH	7 RES NO	005	67	
ı		CEASED NAME	FIRST		MIDDLE	1	LAST	20. DATE	KNOWN		DAY YEAR	7b. HOU
	(,,,,	CHA	RLES	BE	RNARD	Wa	HLAFKA	OF DEATH	ESTI-	1	V 197	7 020
ı	3. SE)	4. RACE	5. D	ATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHD)	RS IF UN		24 HRS. 2c. DAT		мойтн	DAY YEAR	R 2d. HOU
L		ale Whi			L885 93 YF		TAS DAYS HOURS	DEA	D	- 1	1 197	9/11/1;
I	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76.	CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED NEVER MARRI	P. BALTI	MORE CITY O	R COUNTY	OF DEATH	- 2
		ew York			S.A.	WIDOW		□ Bal	timor	e Cou	unty	WE
	1D. C1	TY OR TOWN OF DEATH	Н 11.	(IF NOT IN SUCH FAC	PITAL, NURSING HOME		ER INSTITUTION	12a. USUAL OCCI	JPATION (TYPE	OF WORK 12	OR INDUS	SUSINESS
		ındalk		3 Wind	ona Avenue)		Prin	iter			F35700
	13a. S		L COUNTY		13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDR	ESS			=4.0
_	_	aryland	Balti	more	Dundall	2	YES NO K	3 Wind	na Av	enue	21	222
		THER'S NAME		DDLE	LAST	177	15 MOTHER'S MAIDE	NAME	MIDDLE		LAST	•
		rnard			Wohlafka		Mary				Brown	
	(Y		FYES, GIVE WAR O		16b. SOCIAL SECURITY		17. INFORMANT		ADDRESS		nona	
	No				140-05-64	118	Mrs. Elo	ise Off	•	Balto	O.MD	
ı		18. CAUSE OF DEATH PART I DEATH WAS	(Enter anly and CAUSED BY:	e cause pertine	A . m . c IA.	-1-	,	1.0	1.		BETY EEN ON	TE INTERVAL
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		Canditions, if any	, which	DUE TO, OK	AS A CONSEQUENCE ()F						
		gave rise to im cause (a) stating th	nmediate /	(b)								126.2
		lying cause last.	e under-	DUE TO, OR	AS A CONSEQUENCE ()F						
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1	ATIC	190. DATE OF OPERATION	ON	196. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?				20. AUTOPS	Y?
	IFIC										YES 🗆	NOM
1	CERTIFICATION	210. EXTERNAL CAUSE		21b. TIME OF		21c. HC	OW INJURY OCCURRED	(ENTER NATURE OF II	NJURY IN ITEM 18 P.	ART 1 OR PART 2		110,28
1	ALC	UNDERLYING OR	USE OF DEAT	HOUR A.M.	MONTH DAY YEAR							
	MEDICAL	21d. INJURY OCCURRED)	21e PLACE O	FINJURY (ATHOME,		CATION					
I	X	WHILE NOT W	HILE	STREET, FACTO	ORY, FARM, ETC.)	S	TREET	CITY OR TO	OWN	COUNT	TY .	STATE
				the sensite of	26.4.1.1.11.11.11			7	N	4 .		
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		death resulted fram:	Natural ca	oses	Accident L., Sui	cide	, Hamicide	Undetermined n	ianner,	ν.	11	
		ACTUAL T	10449	m OI	morran		TITLE (SPECIFY)		0 - 50	DATE	711.	79
	1	SIGNATURE	224440		(M.	D. Barrey	MEDICAL EXA	MINER	SIGNED.		
1		EXAMINER'S NAME TO THE OR PRINT)	- CROS	SAN C	DONOVAN		ADDRESS 2112) undall	Ave .	Radio .	Md . 7	11222
	23a.B	JRIAL CREMATION REM	10VAL 236. D.	ATE	23c. NAME OF CEA			23d. LOCATION				
	(5	Burial	1	/5/79	Cypress			Long]	sland	COUNTY	New Y	ork
	24. F		ıda-Rı	ick ADDRESS	C, PICS	, 111		EC'D. BY REGISTR		TRAR'S SIG		0212
		7922 Wise				21	222 JAN	4 1979	Tion	ByA	Wrood	4
		HILUC	77 4 CTT C	- Dui	TIL (SEEDING		4711				- 1	1

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYGI	IENE 79	-00	568	
		CEASED NAME FIRST ELLA		S WORTH		N.	JANUARY	2,197	Y YEAR	3 35- 3 A M
	3 SEX	× FEMALE	4 RACE WHIT	Ε	5 DATE O	15,1896 YEAR	6 AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
5	C	IRTHPLACE ISTATE OR FOREIGN OUNTRY) MARYLAND	USA	VHAT COUNTRY?	WIDOWE		BALTIMO	RE COU		MD.
1		TOWSON	(FPRES	BYTERIAN	HOME	OF MARYLAND	120 USUAL OCCUPATION (TYPE OF WORK FOR MEST OF NURSE)		12b. KIND O INDUSTRY	F BUSINESS OR
Z	M	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN MARYLAND	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13t CITY OR TOW BALTIMOR	Ν	<u> </u>	13e STREET ADDRESS PLAZA APTS.	PARK	AVE &	WILSON
6		DR. WILLIAM		WORTHING?		15. MOTHER'S MAIDEN NAM	A GREEN		LAS	
7	16a. V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	219-30-8		MRS. CORDELIA				MATE INTERVAL
	ATION	PART I. DEATH WAS CAUSE IMMEDIAN Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT OF	DUE TO, OR DUE TO, OR DUE TO, OR COLUMN COLUMN	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO D	NCE OF	ged Ante		ITION GIVEN	360 91	hrs
2	CERTIFICATION				OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFY!! YES	WERE FINDIN NG CAUSES	OF DEATH?
7	MEDICAL CEI	2]a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ASSET OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.A. 21e. PLACE C	A. MONTH DA	19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY CITY OR TOWN		OUNTY	STATE
	٠	22e.1 certify that (I) (this hospins saw the deceased alive an above, (I) (well (didd) (did no 22b. SIGNATURE	12-	20 19 7		nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN				
		22d PHYSICIAN'S NAME (TYPEO	NABLE, M	.D.		7215 YORK RD		103	21.21	.2
	(5	BURIAL, CREMATION, REMOVAL SECRET AL JNERAL DIRECTOR		,1979 CH	TURCHY	EMETERY OR CREMATORY VILLE PRES. CH RK RD. 250 DATE	23d LOCATION CITY OR TOWN CHURCHVIL REC'D. BY REGISTRAR 2	LE, HA		

24 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME DHMH - 16 50M 1/76 (VR A 15 (4))

BALTO., MD.

250. DATE REC'D. BY REGISTRAR'S

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REO - 00569 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH 7h HOUR Charlotte Wright 10 2:30a. M 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH > YEAR MONTHS DAYS HOURS Female Caucasian 28 82 96 In BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore County Maryland WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Catonsville House in the Pines Catonsville Homemaker BALTIMORE, MARYLAND 2120 USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY £13d. INSIDE CITY LIMITS? 13e STREET ADDRESS ping 513 Sudbrook Road Maryland Baltimore Pikesville NOXX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST EIRST MIDDLE LAST Flora. Lee Robert Green 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANIMT. Fred (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) FR P.O. Box 576 Glen Burnie, Md. 21061 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per Juge for (a) b), and p PART I. DEATH WAS CAUSED BY: PRESTON ST., IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per NO YES T buriol-transit 71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION ö CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deposed from sow the deceased plive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF nould be detained the Stote D DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 3350 Wilkens Avenue Balto. Md. Dr. George Angov 230. BURIAL, CREMATION, REMOVAL 23b, DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN STATE Loudon Park Cemetery Baltimore, Maryland Loring Byers Funeral Directors, P. A 1250 Date REC'D. BY REGISTRAN 128 R DHMH - 16 50M 7/77 (VR A 15 (4)) Liberty Road Randallstown, Md. 21133

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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